



WEEKLY NEWSLETTER

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1. Vaccination as a condition of deployment for all healthcare workers

The Department of Health and Social Care (DHSC) announced on the 9 November 2021 that [individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19](#) no later than 1 April 2022. The regulations will apply equally across the public (NHS) and independent health sector.

Thursday 6 January marked the start of the 12-week grace period that allows unvaccinated individuals to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline.

NHS England and Improvement will issue phase two guidance in the coming days which will focus on the implementation of the new regulations, including a redeployment framework and advice regarding formal steps for staff who remain unvaccinated on 1 April 2022.

[Information for line managers and staff can be found here](#) and assets are available on [NHS CommsLink](#) to encourage teams to take up the COVID-19 vaccine offer and/or get their booster.

There are also national [health and wellbeing resources](#) including [winter workforce preparedness](#) and the [Leadership Academy's #ProjectM and #Winterwarmers](#) which provide practical guidance for line managers on how to ensure our NHS people are well-supported. If you have any queries, please [contact the people team](#).



2. Respiratory Protective Equipment, risk assessments, and provision of respirators

Omicron is more transmissible than previous variants of COVID-19 which increase the risk of general practice workforce contacting the disease. To reduce this risk BMA Occupational Medicine Committee is drafting guidance for workplaces to advise that employers should carry out risk assessments and provide mitigations to reduce risk of contracting COVID. This guidance will be published in full shortly.

In the meantime an [abbreviated guideline](#) has been developed by GPC England for GP practices to use, which includes a template letter to CCGs requesting support with getting RPE supply.

We continue to call for GPs to either have access to or reimbursement of associated costs of appropriate RPE and have urged NHSE/I to provide FFP2 masks as a default for all practices, and for availability for FFP3 and fit testing where appropriate.

3. Impact of Omicron on service provision and workforce

The BMA carried out a [snapshot survey](#) last week, which showed that around two-thirds of doctors responding said that the recent spread of Omicron is causing a dramatic slowdown in the provision of non-urgent medical care, leaving millions of patients in untold suffering as a result.

It also showed that nine in ten said clinical colleagues had to take sick leave or self-isolate within the same period, and that less than half of doctors said they could always access lateral flow tests, which are required to return to work as quickly as possible. This illustrates how the recent surge in Omicron has meant an increase in staff absences due to isolation or active infection, which will have a devastating impact on GPs, their teams and [patient care](#).

Last week the BMA also responded to the Health Select Committee report '[Clearing the backlog caused by the pandemic](#)', urging the Government to listen in order to end the staffing crisis. Dr David Wrigley, BMA deputy council chair, said:

"This wide-ranging and detailed report clearly lays out what a gargantuan challenge the NHS faces. The biggest barrier to tackling the backlog caused by the pandemic is a severe staffing crisis and our calls for improved workforce planning have thankfully been heard. It's now time for the Government to listen too. Read the [BMA statement](#)

4. Confirmatory PCR tests temporarily suspended for positive lateral flow test results

Following the announcement by the [Health Security Agency](#) last week that asymptomatic people who receive positive lateral flow device test results for COVID-19 now won't be required to take a confirmatory PCR test, NHSE/I has published [guidance on the implications for the NHS](#) and advice for practices for actions to take:

- 1:1 conversations with staff who has not had both doses of the vaccine
- robust local monitoring processes are in place for regular staff LFD testing
- Staff (even if vaccinated) to carry out asymptomatic twice weekly LFD and [report](#) results
- COVID-related sickness absence recorded in ESR where that is available
- staff offered continuous learning regarding [UKHSA's IPC guidance](#)



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Note that anyone who develops one of the three main COVID-19 symptoms are still required to take a PCR test, and self-isolate if they get a positive test result.

Read our simple [flowchart](#) about whether staff need to self isolate

5. Capacity constraints in general practice

We continue to raise our concerns about capacity constraints impacting patient safety in the community, and have [written to NHSE/I](#) formally to highlight our concerns about this, awaiting their response. We are particularly anxious about the wider impact on patients being discharged early into the community, without adequate support across general practice and community care teams.

We would urge practices and LMCs to progress conversations with local commissioners and plan together the necessary support that will need to be made available to meet patients' needs. To enable this, we published [a template letter](#) to request clarity on plans for RPE, CMDUs, and RCAs.

6. COVID-19 vaccination programme

A [Patient Group Direction \(PGD\) and national protocol](#) have now been published for Comirnaty 30micrograms/dose COVID-19 mRNA vaccine V06.00

7. Guidance on assessment of COVID-19 patients in General Practice

With high numbers of symptomatic COVID patients, NHSE/I has now released some [guidance on assessment, monitoring and treatment of symptomatic patients in General Practice and 111](#). The guidance seeks to explain the COVID Oximetry @home pathway, Covid Virtual Wards and Hospital @ Home in more detail.

NHSE/I has also published guidance on [Supporting patients and bed capacity through virtual wards and COVID Oximetry @home](#) and we continue to contribute to national discussions where possible.

8. 2022/23 priorities and operational planning guidance

NHSE/I has also published [guidance on priorities and operational planning for 2022/23](#), based on a scenario where COVID-19 returns to a low level and the NHS make significant progress in restoring services and reducing the COVID backlogs in the first part of the year. The guidance includes future funding arrangements.

9. GP contracts and variation notices

The [model contracts and contract variation notices have now been published](#), including the general practice pay transparency obligations. But as previously communicated, the Secretary of State for Health and Social Care has confirmed the implementation of general practice pay transparency will be delayed until at least Spring 2022. Read our [guidance on declaring earnings](#)

Read the latest GP bulletin (England) [here](#)



10. New: UHB microbiology update

The increasing number of COVID-19 cases in light of the Omicron surge has put a huge strain on UHB's microbiology laboratory services. In order for UHB to be able to continue to meet the COVID-19 testing demands for both staff and patients, they have made the decision to temporarily suspend/reduce some of the routine diagnostic services as outlined below:

MRSA routine screening: This will cease immediately **except for:**

MRSA screens from outbreak wards as guided by IPC.

Pre-operative MRSA screens (*please ensure that forms are completed correctly and clearly labelled as 'pre-op' otherwise samples will not be processed*).

Faecal specimens: All faecal microscopy and parasitology will only be performed after discussion with the duty microbiologist/infection specialist.

Mycology: All routine testing of superficial specimens for dermatophytes will be stopped.

H. pylori antigen testing: This will cease immediately.

It is anticipated that these temporary measures will continue for the next three to four weeks and will be assessed weekly. Further communications will be released when full laboratory services are reinstated.

11. New: District nursing service referrals checklist

The [district nursing service](#) provided by [Birmingham Community Healthcare NHS Foundation Trust](#) wants to ensure that referrals to the service can be triaged and processed in a timely manner to ensure safe and high quality care is delivered to patients across Birmingham.

As someone who refers to the service, you can support this by ensuring the referral you make contains the information we need. [Attached is a guide](#) to the key information our referral management centre needs to be able to process the referral with our district nursing teams.

We would be grateful if you can review this information and moving forward ensure that this is captured in the referral forms you submit.

12. Covid Pass Medical Exemptions and the Process

Practices should direct all patients directly to 119 to request an NHS COVID Pass medical exemptions application form.

119 will then send an application form to those deemed eligible.

119 should inform and explain to any caller if they do not meet the pre-screening assessment criteria.

119 will send a largely pre-populated application form to those meeting the criteria. The applicants can complete it before sending it to the clinician identified during the 119 pre-assessment. This may be the GP but could also be a specialist clinician familiar with the patient's care and reasons for seeking medical exemption.

NHS Digital has published [guidance setting out what the clinician will need to do on receipt of a completed application form](#).

The applicant will consequently receive an automated letter confirming the decision. This is not the responsibility of the practice and there is no right of appeal for the applicant.



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The BMA Link below provides further information:

<https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/covid-19-toolkit-for-gps-and-gp-practices/covid-19-vaccination-exemptions>

Clinical guidance

DHSC have advised that clinical guidance has been sent to practices. It can be found in the 'online help' section of the summary care record application - from the new 'COVID-19 exemptions' tab, you can either click 'help' on the menu at the top of the screen or on the 'clinical guidance' link.

COVID Vaccination Exemption Certificates and how to Login :

From your work computer (smart card connected) go to: <https://portal.national.ncrs.nhs.uk/portal/dt>

Choose: Launch Summary Care Record (SCR)

<https://portal2.national.ncrs.nhs.uk/summarycarerecord/patientsearch>

Further information can be found at the link: <https://digital.nhs.uk/services/summary-care-record-application/covid-pass-medical-exemption#covid-19-exemptions-process>

Service provision payment

A payment of £44 will be triggered by the input of each medical exemption review onto the SCRa by the practice. SCRa will generate a report detailing the number of assessments per month and will send a payment for them at the end of the month.

Please note our office contact times remain 10:00-16:00 and any queries on the day should be directed to birmingham.lmc@nhs.net as we are currently remote working so would be grateful if all contact were made via the nhs.net email.

Please note that the LMC are unable to accept calls or hold communications with patients, we are GP representatives, and we would respectfully ask that Practices do not advise patients to contact us. Could we also remind Practices that any copies of patient related correspondence MUST be anonymised as the LMC cannot accept patient identifiable data.

Helpful Links:

BMA COVID-19: toolkit for GPs and GP practices <https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/covid-19-toolkit-for-gps-and-gp-practices> Comprehensive guidance for GPs, partners, and practice managers to manage employment and contractual issues and service provision during the coronavirus pandemic.

GOVERNMENT WEBSITE: <https://www.gov.uk/coronavirus> for recent and upcoming changes, guidance & support.



Birmingham

LOCAL MEDICAL COMMITTEE

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NHS ENGLAND: <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>