

Beds & Herts LMC Ltd: Weekly Update for Practices, Tuesday 14th December 2021



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1. Preparing the NHS for the potential impact of the Omicron variant and other winter pressures

[C1487-letter-preparing-the-nhs-potential-impact-of-omicron-variant-and-other-winter-pressures-v3.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/media/11487/letter-preparing-the-nhs-potential-impact-of-omicron-variant-and-other-winter-pressures-v3.pdf)

On 13 December NHSE published a letter entitled “National call: Next steps for the NHS COVID-19 vaccine deployment”. NHSE has declared a Level 4 National Incident as a response to:

- i. the increase in the vaccination programme and
- ii. to prepare for the potentially significant increase in COVID 19 cases.

Actions being asked for by NHSE:

1. **Ramp up of COVID-19 vaccine programme**
See summary of *Next steps for the NHS COVID-19 vaccine deployment* below.
2. **Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation**
Monupiravir which is an anti-viral drug which can be taken at home, will be available from 16th December for patients at highest risk in the community, alongside other treatments including monoclonal antibodies. Local ICS teams will be working on implementation and final assurance of delivery models.
3. **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**

The aim is to:

- i. ensure patient safety in the urgent care pathway
- ii. maintain priority access for elective care – in particular, P1, P2 and cancer referrals
- iii. create capacity to respond to a surge in COVID-19 demand.

Hospitals are being asked to release the maximum number of beds through:

- i. Supporting discharge of “medically fit” patients across all 7 days of the week through Christmas and New Year
- ii. Reducing at a minimum, half the number of patients whose discharge has been delayed but do not need an NHS bed – this will be monitored daily by the NHS and local authorities
- iii. Eliminating delays to discharging patients who could go home without the need for social care support (this could include the use of personal care budgets)
- iv. Full utilisation of non-acute beds in the local health and care system – this includes spare hospice capacity, hotel beds, community rehabilitation beds, care homes and independent sector capacity in the community.
- v. Expanding the use of virtual wards and hospital at home models.

Any additional costs above what is already in place will be funded by NHS England. NHSE is planning to ring-fence significant national funding for the further development of virtual wards (including hospital at home) in order to increase its effective capacity next year.

LMC Comment: We await further guidance on the possible surge of patients being discharged into the community - this will no doubt impact upon Primary Care, and we will be discussing this with the CCGs.

4. **Support patient safety in urgent care pathways across all services, and manage elective care**

This will be achieved via the following actions:

- i. **Ambulance response:** focus on eliminating ambulance handover delays and prioritise recruitment of 999 and 111 call handling capacity
- ii. **Community crisis response:** maximise referrals from 999 to the 2 hour “Urgent Community Response” (UCR) services – 27 ICSs provide this service 8-8pm 7 days a week. Further expansion and joining up with other services is needed and should be accelerated.
- iii. **Mental Health, learning disability and autism:** access to community-based services must be retained to ensure those at risk of escalating mental health problems and those who are most vulnerable can access treatment and care, including face to face care, before reaching crisis point. Every contact should count to ensure health checks, interventions, and access to vaccinations to address health inequalities faced by these groups.
- iv. **Critical Care:** Trusts must familiarise themselves with plans for managing a surge in COVID-19 patients and focus on the management of oxygen supplies.
- v. **Managing elective care:** Ensure that the highest clinical priority patients – including those on cancer pathways and those with the longest waits – continue to be prioritised. Focus on eliminating waits longer than 2 years.
- vi. **Independent Sector:** capacity should be one of the main protected pathways for treating elective patients in quarter 4 of this year and also maximise use of this capacity for additional pathways including cancer.
- vii. **Primary Care:** Vaccine ramp up is the current priority (supported by funding already announced and changes to the GP contract arrangements). Continued access to General Practice remains essential and the Winter Access Fund remains available to support this.
- viii. **Cancer:** Local systems should test their plans to confirm that the elements that helped to sustain cancer services in previous waves are in place.

LMC Comment: We are aware that 2 week wait breaches are being experienced in many trusts locally and have escalated our concerns to the CCG. An update is awaited.

5. **Support staff and maximise their availability**
Organisations should revisit the “staff wellbeing offer,” communicate changes in testing and isolation guidance, and address systemic inequality experienced by ethnic minority staff.
6. **Trusts to ensure surge plans and processes are ready to be implemented if needed.**
7. **Infection prevention and control**
Staff and organisations should continue to follow the recommendations in the UK IPC Guidance.

2. Next steps for the NHS COVID-19 vaccine deployment

[C1488-letter-next-steps-for-the-nhs-covid-19-vaccine-deployment.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/media/11488/letter-next-steps-for-the-nhs-covid-19-vaccine-deployment.pdf)

On 13 December NHSE published a letter entitled “National call: Next steps for the NHS COVID-19 vaccine deployment”

- An offer has been made to every eligible adult over 18 to have a booster vaccination by 31 December. The NHS will open bookings to all adults over 15 for a booster by 15 December
- All parts of the NHS are being asked to prioritise vaccine delivery.
- All systems must also ensure that eligible children are able to access vaccination. Guidance on vaccination for 12-15s, including delivery of second doses, is promised shortly.

General Practices

- Practices are being asked to clinically prioritise services to free up maximum capacity to support the vaccination programme alongside delivering urgent or emergency care and other critical services. That could include pausing routine and non-urgent care and redeploying staff to support delivery of COVID-19 vaccinations. Further guidance on this is promised as an operational note from NHSE, and from BMA and RCGP.

LMC Comment: The talk is of COVID vaccination as the top priority but still with urgent and on-the-day care as the next highest priority for general practice. Practices are given the option of “pausing routine and non-urgent care” but we recognise how difficult this is to do.

Practices know the needs of their own patients, and the capacity of their staff, better than anyone else. Practices are being ASKED to involve themselves in the vaccination programme but are not REQUIRED to do so. It is for each practice to decide what resources/capacity (if any) it has to support the vaccination programme; what proportion of its resources/capacity it will continue to deploy on urgent and on-the-day care; and what resources/capacity it will deploy on routine and non-urgent care, and what routine and non-urgent care it will pause (if any).

At the moment it is open for each practice to make its own decisions on these questions based on what you believe to be right for your patients and your practice. The LMC will support practices in whatever decision each of you come to on handling these competing priorities

- PCN sites are asked to stand up additional capacity. Sites should request resources to enable them to operate 12 hours a day as standard, seven days a week.

LMC Comment: the DES for COVID vaccination does include the provision of the service on Bank Holidays. If your PCN grouping is working under the DES for COVID vaccination, be prepared for the NHS to ask you to provide a service on the Bank Holidays over Christmas, given the 31 December target for vaccinations.

Clinical prioritisation for vaccination

- JCVI is asking for prioritisation for vaccination of those at greatest risk, including those residing and working in care homes, health and care staff, those who are housebound, and those severely immunocompromised. Vaccination teams are asked to complete care home and housebound vaccination as soon as possible, preferably by the end of this week.

CCGs

- CCGs should be doing all they can to offer additional administrative support to PCN sites, and to support delivery via mobile and pop-up sites.
- The letter says that “in every community there should be slots available at least 16 hours a day”.

LMC Comment: We do not know what the area definition of a “community” is. We assume that it will fall to the CCGs to ensure that there are facilities in each “community” providing slots 16 hours a day, but this has not yet been clarified.

- Additional financial resources are being made available to support the expansion of this programme (e.g. for premises costs, consumables etc.).

LMC Comment: It looks from the letter as if CCGs are holding the ring on this, but it is not entirely clear.

NHS Trusts

- The letter also says that “all NHS Trusts ... will need to make alternative arrangements for prescription and sick note requests that are usually sent to primary care”.

LMC Comment: It is more than a little surprising for this comment to be made, as the elements listed are already in the contracts for NHS Trusts. Perhaps this is a recognition that Trusts have not been held to their contracts by CCGs. It is to be welcomed if Trusts do now take on this work. It is regrettable if these are the circumstances required to make that happen.

CQC

- CQC has confirmed it will postpone on-site inspections in NHS services for three weeks, except in cases where they have reason to believe serious failings in safety pose a risk to life, or serious harm

Vaccine supply

- Vaccine supply of Moderna and Pfizer will move to a ‘push system’ from 14 December. PCN sites expecting a delivery on 14 December can expect their volume to be doubled, either on the 14th or by a second delivery later in the week.

- The letter includes links to mutual aid policies to allow movement of vaccines between end users.

3. Post Vaccination Waiting Time

Following numerous requests from those working to deliver the covid vaccine, a number of politicians have suggested in statements that the 15-minute waiting time for the Pfizer and Moderna vaccine will be removed in order to improve efficiency.

However, current JCVI guidance is that the 15-minute waiting period is required. It is expected that they will review the data again this week, but until JCVI have made a formal change, and protocols and PGDs are amended, PCNs should continue to observe patients post vaccine.

4. Proof of Vaccination for Those Age 12 and Upwards

As of today, fully vaccinated patients aged 12 and upwards can request proof of vaccination via 119 or the internet and a paper copy will be posted which conforms to the EU standards for the EU covid pass. There will be a QR code printed for each vaccine and it will have a validity period of 30 days. The document may need to be ordered again if a foreign trip is planned after the date of expiry.

If 16 or over patients can get a digital pass via the NHS app as well. This route isn't open to 12-15 year olds yet but a digital solution should be available in the new year we've heard today.

To get the pass look here:

<https://www.nhs.uk/conditions/coronavirus-covid-19/covid-pass/>

and the direct link to get the paper copy is here:

<https://www.nhs.uk/conditions/coronavirus-covid-19/covid-pass/get-your-covid-pass-letter/>

Since formally joining the EU scheme in November 2021 the UK government has been sharing certificate keys via the EU gateway which is why the paper copies now feature the EU's QR code. Letters sent prior to November relied on old fashioned anti-forgery techniques based on printing technology and were not digitally signed.

There is no date yet for the provision of paper recovery certificates.

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