

Bedfordshire & Hertfordshire LMC Ltd: Weekly Update for Practices, Monday 20th December 2021



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1. **A Message of Thanks from the LMC**

As we come to the end of another year, heading into Christmas with conversations about covid vaccine rollouts, the next wave of the virus, and how the health service is on its knees, it all feels a little too familiar. While we could use this article to re-cap some of the challenges and horrors of the last 12 months, or to quote statistics on the numbers of appointments or vaccines practices have delivered, we would just be repeating what each and every one of you knows so well.

Instead, we would ask that with whatever time you have away from your practices over the coming weeks, you use that time not to think about the trials and tribulations of the last 12 months, or the inevitable mountains we will all be asked to climb in the coming year, but about yourselves and your loved ones. The demands of the last few years have meant less time with friends and family, and for so many, protecting patients has come at the sacrifice of protecting ourselves.

So, hard as it may be, look for ways that you can truly remove yourself from the world of general practice, even if only for a day. Turn off the automated alerts you get from Pulse, resist the temptation to peek at whatever festive puns the Daily Mail has come up with about GPs, and commit to throwing Brussels sprouts at anyone around the dinner table who utters the words “GP access”.

Please remember that our pastoral support team is only a phone call away to provide confidential support for both personal and professional difficulties. To access the team across the Christmas period please ring **01438 880010** and follow the instructions on the recorded message, and if you believe a colleague may be suffering, please remind them of the service too (click [here](#) for more information on the service). For access to other support networks please visit the [Wellbeing Support](#) pages on our website.

It just remains for us to thank you for all you have done over the past year. At the LMC we see both the very best and very worst of life in general practice. However, regardless of circumstances, the one constant we see is the dedication and professionalism of so many working tirelessly on the front lines.

Please take care of yourself this Christmas, and remember we are available across the Christmas period for any GP who needs support.



Michael Harrison



Dr Nicky Williams

2. Changes Aimed at Reducing GP Workload

a. Fit Note extension period

The Department of Work and Pensions (DWP) are making legislative changes meaning that from Friday 17 December 2021 self-certification for sickness will be extended from 7 to 28 days for people accessing Statutory Sick Pay, and there will be no requirement for a fit note to access other benefits. This time limited change will end on 26 January 2022.

[Further guidance on this is available](#)

b. Prescription charge medical exemption certification

The Department of Health and Social Care (DHSC) will temporarily suspend the re-certification requirement for existing prescription charge medical exemptions but retain this requirement for newly diagnosed patients. NHS Business Services Authority (BSA) will contact patients with existing medical exemptions that are due to expire between 16 December and 26 January and supply a new certificate extending their exemption for a further six months. Some people requiring renewals may have already received a reminder and have arranged with their GP surgery for this form to be signed. If this has not yet been done, no action needs to be taken.

c. Firearms licences

The Home Office has written to the main shooting organisations to request where possible, that firearms certificate applicants who are about to submit a request wait until January before requesting the relevant medical information from their GP or from an independent doctor. It is expected that the vast majority of applicants (for example new applications for non-work purposes) will be able to wait.

The Home Office has said that it would be grateful, if a person has a particularly urgent application, for example, because of work commitments or the imminent expiry of their certificate, if practices could still consider providing the information.

It is still possible for GPs/practices to have conscientious objections to this process. If you are approached re a firearms licence and you do have conscientious objections and you are not sure what you need to do about the firearms application, please do contact the LMC office and we can take you through the options you have.

d. DVLA checks

The Driver and Vehicle Licencing Agency (DVLA) has suspended requests for medical information for the provision of driver's licences until the 12 January (excluding essential workers e.g. bus and lorry drivers).

e. Private Provider requests for investigation under the NHS

BMA/GPC has circulated to LMCs a [document and template letter re private provider requests for investigation under the NHS](#) - This clarifies that such requests are outside the scope of NHS primary medical services and provides a template response if practices feel unable to accede to such a request.

3. Honouring Booked Shifts for HUC (and other providers)

Given the rapid escalation of the vaccine programme, the number of opportunities to work additional GP shifts has increased significantly. However, as a consequence of this, GPs who had shifts booked to work for HUC are cancelling at the last minute in order to go and work elsewhere. This has a significant destabilising effect on HUC, as they are unable to rebook shifts at such short notice, which in turn risks more patients either being pushed back to general practice or to A&E if they do not have enough GPs working shifts. We would therefore ask that if you have booked shifts with HUC (or other providers) over the Christmas period, you honour those commitments.

4. Updated UK Health Security Agency guidance on NHS staff self-isolation and return to work following COVID-19 contact

In response to the rapidly changing situation, the government has updated its [COVID-19: management of staff and exposed patients or residents in health and social care guidance](#) to reflect self-isolation changes when in contact with a confirmed or suspected Omicron variant case. The NHS sent out a letter on 16 December setting out how these guidelines apply to NHS staff and contractors. [Coronavirus » Updated UK Health Security Agency guidance on NHS staff, student and volunteer self-isolation and return to work following COVID-19 contact \(england.nhs.uk\)](#)

Key elements of guidance are:

If a staff member develops any of the [symptoms of COVID-19](#), however mild:

- they should follow the stay-at-home guidance and arrange to have a PCR test either through their workplace arrangements or the Test and Trace service, as soon as possible
- if at home (off-duty), they should not attend work whilst awaiting their PCR test result and should notify their employer or line manager immediately
- if at work, they should inform their employer or line manager and return home as soon as possible
- if a staff member receives a positive SARS-CoV-2 PCR test result, they must self-isolate for 10 days
- if a staff member's self-reported SARS-CoV-2 LFD antigen test result is positive, they should self-isolate immediately, and then:
 - they should arrange to have a follow-up PCR test as soon as possible, either through their workplace arrangements or the Test and Trace service and should continue to self-isolate whilst awaiting their PCR test result
 - if the follow-up PCR result is positive, the staff member must continue to self-isolate.
- Staff who receive a negative PCR test result can usually return to work providing they are medically fit to do so.

Staff who do not have COVID-19 symptoms, but have a positive PCR test result, must stay at home and self-isolate.

Staff who are contacts of someone confirmed COVID-19 positive:

- must stay at home and self-isolate if not fully vaccinated

- if fully vaccinated (i.e., have received two vaccine doses and are 14 days post second vaccination) should arrange a PCR test and can return to work if it is confirmed negative (if positive, isolate for 10 days).
- **If negative**, should complete daily lateral flow tests before attending work each day for 10 days and should seek a repeat PCR in the event of any positive LFD test.

5. PCN Covid Acceleration Letter from East of England Regional NHSE on Thursday [\(Available here\)](#)

Protecting Vulnerable Patients

The letter asks practices to identify and reach out to the following groups via phone or text if they have not yet received their vaccine and/or booster:

- Those on the learning disability register
- Those on the serious mental illness register
- Those with other significant underlying conditions that put them in Cohort 6 'At Risk', especially younger patients
- Those who are pregnant as this group have now moved into Cohort 6.

Vaccinating 12- to 15-Year-Olds

Due to changes in the timing between the first and second dose for this cohort, there is a proportion of these patients that are still to be vaccinated. As the school-based service will not restart until 4th Jan, regional NHSE asks that PCNs provide a "family-based offer" to vaccinate these patients until alternative arrangements are commissioned.

Re-Opening of Previous PCN Vaccine Sites

In order to speed up the process of re-opening PCN vaccine hubs, sites can go-live prior to tech and data requirements being available (i.e., Foundry or Pinnacle), so long as the following caveats apply:

- Site must have undergone the re-designation process.
- Site must have the minimum SIL (Site Inventory List) including the AED (Automatic External Defibrillators) within 3 minutes of the site and in-date anaphylaxis kits.
- Site must have vaccine supplied by mutual aid that staff are trained to deliver.
- Site must ensure all staff are acquainted with the SOPs related to the programme so that they can safely deliver vaccine.
- Site can use paper records initially but must switch to electronic entry at point of care as soon as Pinnacle (or alternative system) is available to them.
- Paper records collected during this initial period must be uploaded at the earliest opportunity onto the POC system and within 48 hours of the vaccination event.
- Sites must undertake a written risk assessment around the use of paper records, including the process during the transition period to all records being held on the POC system.

6. Neutralising Monoclonal Antibodies (nMABs) Hospital Treatments for Non-Hospitalised Patients

The below sets out the deployment of COVID-19 treatments for highest risk non-hospitalised patients, New COVID-19 treatments will be available for use for patients at highest risk in the community from 16 December.

Who does it affect?

Some *highest risk non-hospitalised patients* with COVID-19 with both *symptoms* and a *positive PCR test* may be eligible for hospital treatment with **neutralising monoclonal antibodies (nMABs)** as day

cases in local COVID-19 Medicine Delivery Units (CMDUs). These units are at Bedford Hospital, Milton Keynes Hospital, East and North Hertfordshire NHS Trust, The Princess Alexandra Hospital NHS Trust and West Hertfordshire Hospitals NHS Trust.

Where nMABs are not suitable, eligible patients may be offered an **oral antiviral** as an alternative.

Patients need to be seen within 7 days of their first symptoms. Only patients over 12 years of age, with the relevant conditions deemed highest risk, may have these treatments available to them – the conditions are as follows (refer to annex 1 of the [policy](#) for full description of eligible cohorts):

1. Down’s syndrome and other genetic disorders
2. Solid cancers
3. Haematologic malignancy
4. Renal disease
5. HIV/AIDS
6. Liver disease
7. Immune mediated inflammatory disorders
8. Primary immune deficiencies
9. Sickle cell disease
10. Solid organ transplant recipient
11. Rare neurological conditions.

How is this communicated to patients

Most of the highest risk patients will receive a letter or email telling them in advance they may be eligible for these treatments in the event they test PCR positive for COVID-19 from NHSE/I.

However, if an eligible high-risk patient (with symptoms and a positive PCR test) does not receive instructions from the CMDU on how to access treatment and contacts the GP practice, then you will need to urgently refer the patient to a local CMDU using the electronic Referral Service (e-RS).

You will not need to prescribe or dispense nMABs or antivirals.

The local trusts are setting up the appropriate mechanisms with a national proposed start date of Wednesday (16 December).

Self-Referral

Adult patients over 18 years who:

- are not in such high-risk groups
- but with COVID-19 symptoms
- and with a positive PCR test

may use the online portal to refer themselves into the PANORAMIC Trial for oral antiviral treatment with oral molnupiravir within 5 days of symptom onset. The patient logs in and provides their information to see if they are eligible for oral antivirals or “usual care”. The medication is provided by courier from a hospital base.

7. NHSE and NHSI National Coaching service

NHS England and NHS Improvement have launched a national coaching service ‘Looking After You’: www.england.nhs.uk/lookingafteryou

They recognise that frontline primary care colleagues involved in the delivery of primary care services, both clinical and non-clinical, continue to face many challenges. They have developed three coaching offers for the workforce:

- 1) Looking After You Too – coaching about you and your wellbeing
- 2) Looking After Your Team – coaching about you and your team
- 3) Looking After Your Career – coaching about you and your career

Their coaches are highly skilled and experienced, and all coaching is free and confidential. The sessions are delivered virtually, preferably via a video platform, but telephone appointments are also available. For more information or to book see www.england.nhs.uk/lookingafteryou

8. Level 3 Children & Adult Safeguarding Webinar **Tues 18th January 2022, 2.00 - 4.30pm**

For Herts & West Essex colleagues working in general practice
(Please note this is the same webinar delivered on 2nd December)

Agenda:

1. Contextual Safeguarding: Young people's experiences of significant harm beyond their families with specific reference to understanding how situations relate to each other and inform their risk-taking behaviour.
2. Learning Disabilities: Best practice in primary care. Small steps you can take in practice to safeguard your learning disability patients against premature mortality due to delays in diagnostics.

[More information and register your free place here](#)

9. Adult Safeguarding: Mental Capacity Act Webinar **Weds 26th January 2022 or Tues 15th March 2022, 1.30 - 4.30pm**

For Herts & West Essex colleagues working in general practice
(Please note this is the same webinar delivered on 15th June and 13th October)

Agenda:

1. Applying the Mental Capacity Act confidently in practice
2. How to undertake a capacity assessment
3. Making a best interests decision
4. Medical treatment issues – including advance decisions and DNACPRs
5. What is a deprivation of liberty and what should we do about it?

[More information and register your free place here](#)

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