

### **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.

GPC 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.

### **Impact of Omicron on service provision and workforce**

The BMA carried out a [snapshot survey](#), 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](#).

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](#)

### **Requirement for COVID-19 vaccination as a condition of employment**

In November, the Department of Health and Social Care [announced](#) the requirement for [COVID vaccinations as a condition of employment](#) in the health and social care sector. Health and social care workers who have face-to-face contact with patients, will need to provide evidence they have been fully vaccinated against COVID-19 in order to be deployed unless they are exempt. Unvaccinated individuals will need to have had their first dose by 3 February, in order to have had their second dose by the 1 April 2022 deadline.

This will have implications for general practice above those felt in other branches of practice. General practices are both contractor and provider which complicates the issue. Practices typically do not have the physical space to separate unvaccinated workforce into non-clinical areas.

NHSE/I has published [guidance](#) to support providers in preparing and planning for when the regulations (which are still subject to parliamentary passage) are introduced. Note that this is not a NHSE/I-led commissioning requirement but a legal one related to CQC registration and the regulations. A [VCOD workspace on the FutureNHS web platform](#) has also been set up to house all relevant policy information, guidance and supporting resources, and includes links to other resources, including communications materials to support vaccine confidence.

Practices are already straining with workforce shortages and enforcing this is going to an added burden. Practices will need to identify who has not received the vaccination and have discussions regarding their ongoing role. NHSE/I guidance advises, “*as independent employers, primary care providers may wish to seek individual legal advice.*”

GPC are developing a set of [FAQs](#) (currently just the Qs but watch this space!) which will address redeployment, termination and implications for practices, including answers to:

- What does mandatory vaccination mean in reality for employed staff, partners as workers, and practices as employers?
- Who decides whether unvaccinated individuals are redeployed or terminated and how (for both employees and partners)?
- Are there legal obligations when going through redeployment (eg pay protection, changing terms and conditions)?
- Are there protections against termination for both salaried staff and partners?
- What happens if there are several staff in the practice who are vaccine hesitant – viability of practice, impact of service provision, impact on remaining workforce etc?

GPC are hoping to release the guidance before the end of the month, but much of it will depend on the wording of the legislation itself, which we have not yet seen. GPC will add to the guidance as more questions are asked and more information becomes available.

The Royal College of Nursing has also produced a [COVID-19 workplace risk assessment toolkit](#) which may also be helpful.

CLMC are receiving many questions about this. We strongly advise you seek appropriate professional employment advice if you do need to embark on the dismissal route. You may also wish to commence building this requirement into future recruitment and appropriate employment checks prior to offering contracts.

### **Capacity constraints in general practice**

GPC continue to raise concerns about capacity constraints impacting patient safety in the community, and have [written to NHSE/I](#) formally to highlight concerns about this, awaiting NHSE response. GPC 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.

GPC 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, they published [a template letter](#) to request clarity on plans for RPE, CMDUs, and RCASs. CLMC encourage you to continue to record your appropriate OPEL status on a daily basis. Some of the support that is being considered/commissioned (including services under the winter access fund at ICS level) are triggered by OPEL status so practices really need to ensure that their pressures and status is accurately reflected.

### **Reminder: reporting staff sickness absence**

The [COVID-19 staff absence tracker](#) for Primary Care is now available. It is essential that NHSE get a clearer picture both regionally and nationally of staff absences, in order to support service continuity and resilience plans. NHSE advise the staff absence tracker is the first step in improving data on staff absence across primary care. They assure the user interface has been improved to make it as easy to use and not place unnecessary burden onto frontline primary care teams and all primary care organisation and contractors have been included in the database, so please do use it to report staff sickness absence.

### **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

The CCG has also circulated the NHSE/I Operational Note on at risk 5-11s for your action ([relevant extract here](#))

### **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 GPC continue to contribute to national discussions where possible.

### **Confirmatory PCR tests temporarily suspended for positive lateral flow test results**

Following the announcement by the [Health Security Agency](#) 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](#)

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 the simple GPC [flowchart](#) about whether staff need to self isolate

### **Private COVID tests and proof of previous positive result**

CLMC has received questions around patients requesting practices enter proof of positive COVID test where they have taken a private test/test for travel purposes. We understand this is being requested as it assists patients in not requiring additional tests for travel purposes as it falls under exemptions for some destinations and generates a 'recovery certificate'.

Non-NHS COVID tests for travel/personal reasons are entirely a private service so the private provider should be notifying public health (COVID is a notifiable disease) and providing the appropriate documentation to patients. If a patient has a private test and wants proof of recovery (e.g. to avoid having to do a PCR test on arrival in a foreign country that may prove positive), that patient needs to source a doctor who is prepared to weigh up the evidence and suitably document recovery. Google has lots of private providers offering this. NHS X will not get involved in signing off a private provider result as they have no way to verify the lab accuracy etc; on this basis practices will also want to seriously consider if they should be doing so.

Outside a private route, the only way to get a recovery certificate under the EU scheme is to get an NHS PCR test so the introduction of lateral flows as proof in this country may cause other countries issues and increase requests of this type in the future. Any patient who feels they may need to travel soon after a positive lateral flow to a country that needs a negative PCR test on arrival will either need to wait until a PCR test is likely to be negative or will need to get a private PCR test to start the recovery clock, before sourcing a private doctor happy to sign and verify the private test to give them a letter. Patients who have an NHS PCR test will get an NHS recovery certificate from Day 11.

This is not work that you are required to undertake and you can decline. There is no link between private providers and NHS records. Unless you can vouch for the lab's accuracy and adherence to standards you may not wish to code such a result in a patient's record. We have requested national communications to patients on this to try to reduce requests of this type.

### **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.

### **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 previous 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 the GPC [guidance on declaring earnings](#)

### **Fit notes for Statutory Sick Pay purposes recommence 27 January**

The Department for Work and Pensions suspended the requirement for fit notes for benefit purposes between 17 December 2021 and 26 January 2022. Claimants whose fit notes expire, and those who make new claims due to a health condition between 17 December and 26 January (and are still ongoing), will need to provide medical evidence from 27 January. You may see an increase in requests as patients contact their GP for a fit note in advance of this date.

Fit notes for Statutory Sick Pay purposes will be required for absences which begin on or after 27 January and last for longer than 7 days. Individuals whose sickness began between 10 December and 26 January inclusive will continue to be able to self-certify their absence for up to 28 days.

### **Medicines Supply Tool**

The Department of Health and Social Care and NHSE/I have now launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues. To access the Medicines Supply Tool you will need to register with the [SPS \(Specialist Pharmacy Service\) website](#).

### **GP practice sponsorship process**

The BMA has partnered with legal firm Magrath Sheldrick, who oversee the BMA [immigration advice service](#), to develop a webinar on navigating the GP sponsorship process. The webinar is aimed at GP employers and offers practical tips on how to navigate the current sponsorship process to recruit non-UK nationals and addresses frequently asked questions on the process itself. Access the [webinar](#)

If you have any questions, or would like to share your experiences of navigating the sponsorship process, please contact Caroline Strickland, Senior Policy Advisor, International Affairs ([cstrickland@bma.org.uk](mailto:cstrickland@bma.org.uk)).

### **Validium and supportive documents**

The NENC Regional LMC commissioned provider of mental health and wellbeing services is committed to supporting practices with communications to regularly promote positive health and wellness. New content writers have very recently joined the Validium team and have produced a range of documents to promote health and wellbeing for employees throughout the year. They may also prove useful for some patients! The January documents have been launched and are:

[Better Food Habits – building effected habits](#)

[Understanding addiction - addiction](#)

[Financial Health – intention setting](#)

### **GPC GP Bulletin, Sessional GP bulletin & Informal Messaging**

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

Read GPC Chair twitter page: [Dr Farah Jameel \(@DrFJameel\) / Twitter](#)

Read BMA twitter page: [General Practice \(@BMA\\_GP\) / Twitter](#)

### **BMA COVID-19 guidance**

Read the BMA [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#). There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

### **Mental health and wellbeing – looking after you and your practice team**

## Primary care coaching - communications toolkit

In these pressured times it is absolutely critical you look after yourself and your teams. NHSE/I have launched their new communications toolkit, supporting promotion of the NHS England and NHS Improvement Looking After You national coaching service: <https://drive.google.com/drive/folders/1aS8-sTH1W9qv49d9Tq3hhwg9jJZZ5MFs>

Within the toolkit you will find social media images, banners, bulletin copy, website copy and quotes from those who have used the free services. There has been some excellent feedback from those who have accessed coaching, but we are aware there are still many colleagues who are not aware of this available support. It remains a difficult time for the workforce, so we would appreciate any help you are able to give to share these offers.

A member of their team would also be happy to come to meetings or events within regions and systems to talk about the offers: [england.lookingafteryou@nhs.net](mailto:england.lookingafteryou@nhs.net)

A coaching landing page hosts all three offers: [www.england.nhs.uk/lookingafteryou](http://www.england.nhs.uk/lookingafteryou). Recognising that frontline primary care colleagues involved in the delivery of primary care services, both clinical and non-clinical, continue to face many challenges, NHSE 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

The 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. Thousands of people have booked sessions and given positive feedback on their experience.

**GP appraisal leads and GP tutors offer of telephone support conversations** remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email [di.jelley@nhs.net](mailto:di.jelley@nhs.net)

**Crisis Coaching & Mentoring:** [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

CLMC continue to offer [wellbeing services via Validium](#) for **ALL working in general practice within Tees** (including locums). We understand that a number of staff have accessed this confidential service and it has been well received.

The BMA's [report on the mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future. The BMA is here for you and offers supportive [wellbeing services](#) which include face-to-face counselling. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call 0330 123 1245 today or [visit the website](#) for more information.

For all other support, speak to a BMA adviser on [0300 123 1233](tel:03001231233) or email [support@bma.org.uk](mailto:support@bma.org.uk)

[Read more about doctors' wellbeing during the pandemic](#) and on Twitter [@TheBMA](https://twitter.com/TheBMA)

There is also a wealth of [NHSE provided support](#) available to you and your team including a wellbeing support helpline, a 24/7 text alternative, [peer to peer, team and personal resilience support](#), free mindfulness apps and the [#LookingAfterYouToo coaching offer](#).

NHSEI have recently developed a new [communications toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters. You can also follow this link [Primary Care Coaching – Link to Assets](#) to a range of resources, including social media assets, a video, PDF case studies and posters, website and email banners.