



**Issue 130/ Thursday 21 April 2022**

This is the latest round-up of information for GP practices, produced by South East London CCG. Should you have any questions or need advice, contact your local borough primary care team in the first instance; they will escalate anything they can't resolve to south east London's Coronavirus co-ordination centre.

Please check for any borough-specific information, which will be attached to this bulletin by your borough primary care commissioning team.

## **Immunosuppressed Cohort**

Despite all of the great work that has been undertaken, uptake amongst immunosuppressed patients continues to be lower than other cohorts, with 37.8% uptake in SEL, and still remains a priority for the Covid-19 vaccination programme.

We are therefore asking all GP/PCNs and hospital specialists to re-run the searches previously undertaken to identify those who are immunosuppressed and their household contacts over the age of 12.

GP practices can use their GP Covid-19 Vaccine dashboard to identify those immunosuppressed patients due their (fourth dose) booster – it is also accessible here: [GP COVID-19 vaccine dashboard - NHS Digital](#). The dashboard contains a published list of immunocompromised patients (aged 5 and above) registered to GP practices with contact details and vaccine history, including 3rd primary dose and booster recommended due date where these haven't been administered.

Standard invitation letters can be found, if helpful, at [Resources for immunosuppressed people - COVID-19 Vaccination Programme - FutureNHS Collaboration Platform](#)

To also support PCNs, the GSTT call centre are able to invite patients in this cohort to have their vaccine. If you would like support with inviting patients, please share your patients lists with [andrea.fernandes@gstt.nhs.uk](mailto:andrea.fernandes@gstt.nhs.uk) for calls to be scheduled.

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## **COVID-19 testing and reporting**

### **Key Messages: Primary Care Focus**

["Living with COVID19"](#) Guidance (Letter 30 March 2022) sets out the approach to delivering the UK Health Security Agency's (UKHSA) advice in relation to staff and patient testing. Although the public will not be offered COVID-19 tests routinely if symptomatic,

there may be some instances where a clinician will want to offer a COVID-19 test as part of a diagnostic pathway.

All incident/outbreak testing should be using PCRs and advised by a local IPC team or following public health advice.

### **Patients**

Planned elective admissions should be tested using LFDs, in advance of admission with tests via the gov.uk portal where they will be asked to confirm that they have a planned upcoming admission. Day cases who are fully vaccinated do not need to test.

Community or primary care patients requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a lateral flow device (LFD) test as part of their usual diagnostic pathway. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that their clinician has requested this and report via the same portal.

Patients eligible for COVID-19 treatments through a COVID Medicines Delivery Unit (CMDU) (nMAB/Antiviral treatments) will now need to use an LFD Test, which will be supplied to them by UKHSA, for use at home if they have symptoms of COVID-19.

A small proportion of patients testing positive who haven't been automatically contacted by a CMDU for assessment and treatment may need to be referred by GP practices and 111.

You can refer potentially eligible patients if they have tested positive via a PCR test or any LFD test. You can refer patients to the local CMDU using the electronic Referral Service (eRS) or the locally agreed alternative if applicable.

NOTE: One of the treatment options – nirmatrelvir+ritonavir (Paxlovid) – has multiple potential drug interactions so inclusion of the patient's medications in the referral is vital.

### **Staff**

Asymptomatic NHS patient facing staff should continue to test twice weekly, with kits via gov.uk portal. All Symptomatic NHS staff should test themselves using LFDs. Staff who test positive should continue to follow the current return to work guidance – Testing neg x 2 occasions (24 hours apart) post 5 days.

Staff who are household contacts of a positive COVID-19 case and are asymptomatic can return to work but continue to test twice weekly. They will no longer be required to have a PCR test to return to work but should discuss working arrangements with their line manager as it can take up to 10 days for your infection to develop, during which it is possible to pass on COVID-19 to others, even if you have no symptoms.

Staff should undertake COVID-19 tests on an ad hoc basis if instructed by their employer or director of public health in specific circumstances. Staff will be notified via their line management structure if this applies to them.

### **ASC and Supportive Living and Care Homes:**

Most visitors will no longer be required to take a test. Only visitors providing personal care should test before visiting but not more than twice a week. NHS staff in care homes should provide evidence of a negative testing within last 72 hours. Other visiting professionals should be tested with tests provided by the care home if they are providing personal care as per the guidance for visitors providing personal care.

Residents admitted from the community, or another care setting should take a PCR test within 72 hours before they are admitted or an LFD if covid positive within the last 90 days. These tests should be provided by the care home.

The Government will continue to provide free symptomatic testing for individuals who live or work in high-risk closed settings, for example in some NHS, Social Care, care homes,

supportive living and Prisons (and other Places of Detention) settings where infection needs to be identified quickly to minimise outbreaks.

### **Lateral Flow Test Kits for NHS Staff on Vaccination Sites:**

Please note that NHS staff should be accessing test kits via the national government website and should be testing and reporting before attending site.

More information on living with Covid-19 can be found on the government website:

<https://www.gov.uk/government/news/government-sets-out-next-steps-for-living-with-covid>

Any testing questions please contact [avril.satchwell@nhs.net](mailto:avril.satchwell@nhs.net) Head of SEL CCG Covid Testing or the wider SEL Testing Team at [selccg.covidtesting@nhs.net](mailto:selccg.covidtesting@nhs.net)

## **GP Updates**

### **Expressions of Interest for developing new PCN Models of Care**

**Due to the spring bank holidays, the deadline for receipt of expressions of interest has been extended to 27 April.**

Further to the presentation given by Dr Philip Wallek at the February Clinical Director's Forum, many of you have expressed an interest in developing your own ideas for new ways of delivering services to your PCN's patient population. SEL CCG are therefore giving an opportunity for 6 PCNs (ideally one from each borough) to bid for up to £20k to pump-prime the development and implementation of new PCN models of care.

The funding could be used to support the following:

- Project mobilisation
- Employment of a project manager
- Backfill for a Clinical Director or PCN Manager

In order to bid for this funding, you will need to complete the [New Models of PCN Care EOI](#) form and submit it by 27 April 2022. Joint applications are permissible.

PCNs that are awarded funding will be expected to complete an evaluation after 6 months and share their experiences and learning at a future Clinical Director's Forum.

Please contact [angela.ezimora-west@nhs.net](mailto:angela.ezimora-west@nhs.net) if you have any queries.

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## **PCN Dashboard**

### **Delays to data onboarding**

We sincerely apologise for the delay in onboarding data for February and March onto the PCN Dashboard, which was unfortunately due to delays in data collection processes outside of our remit.

We are aware that there are a currently number of concerns around the PCN dashboard, particularly in terms of the frequency of when data is added to it, and fully understand the challenges that this is presenting to PCNs. We are working with all of our delivery partners in this space to improve this process wherever possible to minimise the lag between data collection and onboarding onto the PCN Dashboard.

The remaining October-21 IIF indicators should also now be available to view on the PCN Dashboard. Further information regarding the split of IIF indicators across the 2021/22 financial year can be found in the [2021/22 IIF Guidance](#).

### **Improvements to the Dashboard**

As part of our commitment to improving the user experience and accessibility of the PCN Dashboard, we have been working on implementing a number of improvements over the previous months, based primarily on user feedback. Over the coming weeks, these improvements will “go-live” on the PCN Dashboard, including:

- Removal of old or redundant indicators
- Traffic-light rating systems to visualise performance
- Enhanced visuals
- Changes in colour scheme to enhance user-friendliness
- Refreshing of user guides and instructions on the PCN Dashboard.

We continue to encourage and greatly appreciate any feedback from users of the PCN Dashboard.

### **IIF Indicators for 2022/23**

The IIF Indicators for 2022/23 will not appear on the PCN Dashboard until data for these indicators has been collected and made available in June 2022. A list of these indicators can be found in the [2022/23 IIF Guidance](#).

We will be able to provide a more accurate estimation of when these indicators will be available in the coming months.

As ever, please do not hesitate to get in touch with any issues or queries relating to the PCN Dashboard at the following addresses:

[nhsi.analyticsproductsteam@nhs.net](mailto:nhsi.analyticsproductsteam@nhs.net) – for any issues with access or functionality of the Dashboard

[england.gpcontracts@nhs.net](mailto:england.gpcontracts@nhs.net) – for any general queries relating to the data or the indicators on the Dashboard.

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## **Important faecal testing reminder for GPs**

Please be aware that the Faecal Occult Blood (FOB) test has been discontinued and is not available to GPs in Bexley, Greenwich and Lewisham (BGL). It will be removed from the tQuest catalogue to avoid any confusion.

GPs should use the Faecal Haemoglobin (FIT) Quantitative test, which offers improved and more reliable results.

The full list of pathology testing services available can be found here: [Important Changes - South East London Pathology Services \(synlab.co.uk\)](#)

Please make sure the correct faecal sample is sent to Viapath. Kits can be ordered from the consumables portal here: <https://sel.synlab.co.uk/bgl/viapath-consumables-portal>

The latest BGL E-brief, containing all the latest news and updates from Viapath for GP practices, can now be found online: <https://sel.synlab.co.uk/bgl/e-briefs>

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## **Quality Alerts April**

Please see latest edition of [You said we did](#).

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## REMINDER - SEL offers to support Primary Care Sustainability

- We have published a guide to support [non clinical decarbonisation](#)
- We have purchased 20 places per borough for [sustainability training](#) for GPs
- We have rented an air quality monitor per borough and offered for GPs to host
- We have purchased a number of cycle storage solutions which practices can request [Premium Cyclepods Range Overview | Cyclepods Ltd](#)
- We have partnered with Sustrans to support active travel of General Practice staff – working with one PCN per borough and are asking for expressions of interest. Please see the [attached EOI form](#) for more information.

Express interest for any of the above via [sel.netzero@nhs.net](mailto:sel.netzero@nhs.net)

## Cancer updates

### South East London Cancer Alliance

Please find below a link to the latest version of the update, which also includes FAQs for primary care on cancer services in south east London to support GPs and patients during the pandemic. [Cancer updates for GPs 22 March 2022.](#)

## Seminars, events, webinars and e-learning

### Head and Neck Cancer - GSTT seminar for primary care clinicians

Mr Ricard Simo, Clinical Lead in Head and Neck Surgery, is hosting a webinar for GPs regarding head and neck cancer.

- **Friday 22 April 2022 - 13.30 to 14.30**

This talk counts for one CPD point and a certificate of attendance will be sent to you. Book via the [link](#).

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### Webinar - What Primary Care needs to know about PIFU – demystifying the concept

PIFU gives patients and their carers the flexibility to arrange their follow-up appointments when they need them, replacing a fixed follow-up date by their clinician. This NHS England webinar will give an overview of PIFU, clinical and patient perspectives and the involvement of shared decision making for patients on PIFU pathways.

**Tuesday 26<sup>th</sup> April, 12:30pm – 13:30pm** via MS Teams. Access the webinar by clicking [this link](#).

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### Free study day - Motivational Interviewing for PIFU

**Is Motivational Interviewing for me?** Interactive study day for London clinicians wanting to implement shared decision making.

28<sup>th</sup> or 29<sup>th</sup> April 9.00 – 16.00. More information and how to register [here](#).

## Recruitment

### **Expressions of Interest invited: clinical leadership and committee member roles for the South East London Integrated Care Board.**

Expressions of interest are being invited for clinical and care leaders in a number of key programme areas operating in south east London level. Current available roles include: Integrated Medicines Optimisation Committee member roles for a community pharmacist and a primary care non-medical prescriber; roles in planned care; urgent care; LTCs, diabetes and obesity; and learning disabilities and autism.

All available roles including job descriptions are available on the [SEL CCG Clinical and Care Leadership recruitment webpage](#). Contact details for all roles are also included on the website if you would like to discuss or require further information.

Please share with colleagues who may be interested in applying.

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