



27th July 2020

Dear Colleague

Please see below for your information our latest updates during the Covid-19 pandemic:

Survey of Workload transfer

A big thanks to all that have contributed to the survey so far. Your input is crucial to gathering the data that we need to demonstrate the scale of workload transfer. Please continue to submit any examples that you receive **between now and the 2 August 2020**.

We recognise that practices have organised themselves in a variety of ways to collect and record the data so we will keep the **survey open until the 9 August 2020** to allow you the opportunity to catch up.

The link to the survey is here: <https://www.surveymonkey.co.uk/r/N6DBDYV>

Examples of workload transfer could include requests to:

- Initiate specialist drugs
- Write a prescription
- Issue a Med 3 certificate in relation to care provided elsewhere
- Perform or chase tests; and
- Make an onward referral

There will be other examples of workload transfer and we trust you to use your judgement when completing the survey.

If you have any questions then please don't hesitate to contact john.allingham@kentlmc.org; or carlo.caruso@kentlmc.org.

Update from EKHUFT on the work underway to reopen services gradually and safely.

Thank you to all our colleagues in Primary Care for the extraordinary contribution during the last four months. Across all EKHUFT hospitals hundreds of staff were redeployed to the Covid-19 frontline; many staff have come out of retirement to return to our labs, wards, pharmacies and ICUs; and many of our corporate teams have redeployed to support teams distributing PPE, to support their frontline colleagues.

We are re-opening some services carefully and safely at all hospitals and we are now able to carry out more outpatient appointments, tests and scans, treatments, and surgery. We will not be able to re-open every service straight away and we need to make sure there are not too many people in the hospital at any one time.

Attending hospital

Temperatures will be checked, and everyone asked to clean their hands and wear a face covering. Some parts of the hospital will have one-way systems and encourage people to maintain social distancing. Patients are asked not to bring a friend or relative with them when

attending (one parent or guardian may accompany a child and one person may accompany a vulnerable adult).

Hospital Appointments

We are working to offer appointments over the telephone or by video for people who do not need to come to the hospital. This enables us to prioritise patients who need a face to face appointment.

Emergency care

Our emergency departments are safe to use and open as usual. NHS 111 can signpost patients to the nearest service and, where appropriate, can book patients an appointment at one of the urgent treatment centres in East Kent.

Planned operations

We are increasing the number and type of planned operations. Operating theatres are reopening many having previously been converted to temporary ICUs. Patients and their household must self-isolate for at least 14 days before their planned operation and will be tested for Covid-19 before surgery. To help us treat more patients sooner, we will continue to use additional capacity at other hospitals, including One Ashford, Chaucer and Benenden hospitals, the Queen Victoria Hospital, Herne Bay and Will Adams Treatment Centre, Gillingham.

Stroke services

In April we temporarily relocated the stroke service to Kent & Canterbury Hospital (K&C), together with some cancer surgery, to free up beds at the Queen Elizabeth the Queen Mother (QEQM) and William Harvey (WH) hospitals. This move is not early implementation of the longer-term reorganisation. Pending the outcome of outstanding legal challenges, some £20 million national NHS investment is planned to establish a specialist hyper acute stroke unit for all east Kent patients at the WH. This will enable us to invest in more staff, beds, scanners and ITU capacity to provide the very best care, 24 hours a day, seven days a week.

Intensive care

With Covid-19 still very much with us, we must continue to ensure that there is appropriate capacity at K&C, QEQM and WH for the ongoing demand and any potential surge. An additional intensive care unit at QEQM is already in place, with work underway at K&C and WH hospitals to permanently expand intensive care capacity.

Further updates on service specifics will be shared in the coming weeks.

Face coverings in general practice (England)

Following the Government's announcement that face coverings will be mandatory for people visiting shops in England as from today, 24 July, the BMA has been calling for the policy to be extended for all places where social distancing cannot be maintained, including GP practices.

Public Health England has now published [New recommendations for infection control in primary and community health care providers](#), which states that:

- Practices should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation, and other measures where appropriate
- Where a setting cannot be delivered as COVID-19 secure, a local assessment may conclude that primary care staff, when not otherwise required to use personal protective equipment, *should wear a face mask*, to prevent the spread of infection from the wearer
- Where a COVID-19 secure environment cannot be maintained, patients and members of the public entering primary care premises should be advised to use face coverings in line with [government advice](#)

This guidance is in addition to existing national COVID-19 [IPC guidance](#), which advises on appropriate PPE usage in patient facing clinical settings and other measures to reduce transmission risk.

Letter for exemptions

The guidance on [Reducing COVID-19 transmission and PPE](#) now includes updated advice on face coverings, which confirms that *practices do not have to provide letters of support for those who fall under the list of exemptions*, or to those who do not. Individuals should self-declare if they believe they should be exempt from wearing a face covering. They should not be directed to their GP to ask for evidence to support this.

Flu programme announcement

The Department of Health and Social Care has [announced their plans for this year's flu programme](#), which has been expanded to include a new cohort of people aged 50 to 64, who will be eligible for free vaccinations. The programme will also include households of those on the shielded patient list and for the school programme to be expanded to the first year of secondary schools.

The GPC have been in discussions with NHSE/I about the delivery of the programme, including the operational issues, implications for PPE, vaccine provision and for additional funding to support the programme. A final decision on when it will be possible to deliver the vaccination to 50-64-year olds will be made later in the year and will depend on vaccine availability following the initial focus on those most at risk. Further guidance by the CMO is expected to be published this week.

Action to improve vaccine coverage rates across the UK

The BMA has published a report on what [actions need to be taken to improve vaccine coverage rates across the UK](#). The report says that many immunisation programmes have been disrupted because of the pandemic as the NHS focused on responding to immediate health concerns and that it is now imperative that they are re-started and that people are encouraged to be immunised. It also notes that childhood vaccination in particular has plummeted during this time – dropping by around a fifth in total – despite advice that childhood immunisation should continue during COVID-19. Read the BMA press release [here](#).

RCGP guidance on delivering mass vaccinations

The Royal College of GPs has published [guidance on delivering mass vaccinations during COVID-19](#), including guidance on using non-traditional vaccination settings. The guidance is written with the understanding that a number of mass vaccination programmes may need to be delivered during mid-2020 to 2021, while COVID-19 continues to be in general circulation, and addresses approaches to delivering large-scale vaccination programmes in this context. Read more on the RCGP COVID-19 Guidance [page](#)

Shielding guidance for staff on returning to work (UK)

Shielding will be coming to an end on 31 July, after which those who have been shielding will be able to return to work provided their place of work is 'COVID-19 safe.' The BMA published guidance on [Making the NHS 'Covid-19 safe' and supporting return to work](#) last week, setting out recommendations for safe return of staff. Read also the [BMA guidance on Risk assessments](#). The [latest tracker survey](#) also showed that most GPs who are currently shielding do not feel safe returning to work.

Mental health and wellbeing

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of the Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

The recent BMA report [The impact of COVID-19 on mental health in England; Supporting services to go beyond parity of esteem](#), warns of a mental health crisis as we emerge from the COVID-19 pandemic and outlines key recommendations for the Government to take. Access the [BMA's mental wellbeing pages here](#)

ARM Elections

Elections for a number of BMA committees, including GPC UK, are open for nominations, closing on Tuesday 15 September at 10am. The full list of committees and more information are available [here](#), and to submit a nomination please click [here](#). Voting is for ARM delegates only and will open on 15 September. If you have any queries regarding the election process, please contact the BMA using elections@bma.org.uk

DDRB report (England)

The Government in England has announced that they have agreed with the [DDRB's recommendation](#) of a 2.8% pay uplift. This applies to salaried GPs, GP trainers and GP appraisers, with payments to be backdated to April 2020, but does not include junior doctors or GP contractors in England.

The long-term pay deals for both GPs and junior doctors were agreed before anyone could have predicted the serious impact COVID-19 would have on the NHS, nor the financial pressure it would put practices under, and this must be rectified.

This is the second year of the 5-year contract agreement, which not only provides 100% funding for a large workforce expansion to help manage practice workload pressures but also provided for the removal of the significant cost of indemnity last year. For 2020/21, it secures additional funding to cover annual pay increases of 1.8%. This is at a time when RPI is currently at 1.1% and CPI at 0.8%. However, this is far from a normal situation and the government made clear in their announcement that this higher pay award was "in recognition for doctors' efforts on the frontline during the battle against COVID-19".

It is unacceptable therefore that the government failed to fund the gap to support GP contractors in funding the increases for staff and salaried GPs. Richard Vautrey raised this in an urgent meeting with the Health Minister, Jo Churchill, and made clear that this comes at a time when practices are also feeling the impact of not being reimbursed for additional costs to manage the COVID-19 pandemic. GP practices and their dedicated staff have spent the last few months working incredibly hard in completely overhauling services to guarantee that patients can continue receiving the care they need from their local surgery safely during the pandemic, and for this not to be recognised by the Government will be felt as a serious blow. The applause of politicians for hardworking doctors now rings hollow. The BMA is therefore pushing for this to be addressed and they will be raising this directly with the Secretary of State for Health and Social Care.

Applying the uplift

While the GPC continue to put pressure on DHSC and NHSE/I for more funding, practices are encouraged to provide the full 2.8% uplift for all Salaried GPs, although how any pay

uplift is provided to Salaried GPs, as with all practice staff, will be determined by the terms of their employment contract.

The GMS contract regulations, and standard PMS agreement (since 2015), state that practices must employ Salaried GPs *on terms no less favourable than the model contract*. Therefore, all GMS practices, and those PMS practices that have agreed to that wording, must employ Salaried GPs on terms no less favourable than the Salaried GP model contract.

The Salaried GP model contract states '*annual increments on [incremental date] each year and in accordance with the Government's decision on the pay of general practitioners following the recommendation of the Doctors' and Dentists' Review Body*'. Therefore, if this wording is included in the employment contract, the full 2.8% uplift must be provided. The model contract however may be amended by agreement, so it will depend on the individual agreement between the practice and the Salaried GP. If it includes the clause above then the 2.8% must be provided. If a different annual increment/calculation is included in the contract, or if the contract is silent on this point, then the practice is still encouraged to pass on the full 2.8%. GPs and their teams have played a vital and essential role on the pandemic frontline and its therefore disingenuous in the extreme for the government not to provide the necessary funding to recognise this. The BMA will do all it can to address this unacceptable situation.

BMA COVID-19 guidance

The GPC continues to regularly update the [toolkit for GPs and practices](#), which includes a large range of topics relating to COVID-19. 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](#)
- [Guidance on risk assessments](#) which includes specific information for practices.

For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#).

Kind regards
The Kent Local Medical Committee



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the partnership model and meaningful collaboration*