

Dear Colleague

Please see below for your information our latest updates:

Public Health Enhanced Services COVID payments

A reminder to those practices providing Public Health Enhanced Services such as LARC. We have been informed that up to a third of practices that normally provide these services have not submitted their claims for the COVID relief payments. You will have received a letter in April from KCC advising that in order to receive the relief payments you needed to continue to complete the monthly activity digital forms, even for a nil return. This would then trigger the relief payment based on 80% of historic activity. If your practice is affected by this please ensure you have completed the forms and received the payments.

Flu Update

The LMC is representing GPs on the Kent and Medway flu planning group. The first meeting took place last week and was frustrated due to the lack of guidance regarding the additional cohorts that the government has announced. The second flu letter (follow up to the first dated 14th May) that will contain the detail is expected imminently and all practices will receive a copy. It is likely that as there is no additional flu vaccine available to purchase, there will be a central stock that practices can draw down for additional cohorts, but we cannot be sure without the letter. We have asked and received assurance that the CCG will be commissioning a service for delivering flu to housebound patients and that this will require the vaccinations being given in a timely manner. We will continue to update you through our bulletin as things develop.

NHS England/Improvement “Third phase of NHS response to COVID-19”

NHSE/I have released their [Third phase of NHS response to COVID-19](#) letter today. It highlights the priorities for the NHS as a whole, including accelerating the return of non-Covid services, in particular cancer services, and Trusts are asked that they should ensure, working with GP practices, that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. A modified national contract will be in place giving access to most independent hospital capacity until March 2021 and Trusts should ensure their e-Referral Service is fully open to referrals from primary care.

The restoration of primary and community services is also seen as a priority and they state that “we recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible”. They encourage a focus on childhood and flu immunisations, cervical

screening, building on the enhanced support practices are providing to care homes and reaching out to clinically vulnerable patients and those whose care may have been delayed.

CCGs are told to work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices are now expected to offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

The letter restates the commitment to increase the GP workforce by 6,000 and the extended primary care workforce by 26,000.

Health and care workers to self-isolate on return to UK from high-risk countries

The Department of Health and Social Care has [announced](#) that registered health and care professionals travelling to the UK from high-risk countries will be required to self-isolate for 14 days. The BMA have published [guidance and advice](#) for doctors planning to travel to or from countries that are considered a COVID-19 risk.

The current [list of countries](#) exempt from self-isolation measures is available on GOV.UK. The data for all countries and territories is kept under constant review, and the exemptions list is updated with any changes on a regular basis as and when required to reflect the shifting international health picture. Health and care professionals returning from a country which has a travel corridor to the UK will not be required to self-isolate on return.

Flu programme

The Department of Health and Social Care has [announced their plans for this year's flu programme](#), which has been expanded to potentially include a new cohort of people aged 50 to 64, who will be eligible for free vaccination. 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 BMA 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. Any decision on the delivery of the vaccination to 50- to 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. The CMO's next flu letter outlining more details of the programme will be issued this week.

PPE portal

Practices are reminded that you can register and place orders for PPE via the [PPE portal](#), which can be delivered within 48 hours, to ensure regular free supplies of PPE in advance of the winter and flu campaign. More information is available on the [DHSC PPE portal guidance](#) page and the portal customer service team can be reached on 0800 876 6802 for enquiries or registration support.

Shielding guidance for staff on returning to work (UK)

Shielding is coming to an end in England, Northern Ireland and Scotland today, 31 July, and will come to an end on 16 August in Wales, after which those who have been shielding will be able to return to work provided their place of work is 'COVID-19 safe.' Read the BMA guidance on [Making the NHS 'Covid-19 safe' and supporting return to work](#), which sets out recommendations on ensuring staff can safely return to work.

Dispensing Services Quality Scheme

NHSE/I have now confirmed that the DSQS will be reinstated from 1 August 2020; dispensing practices wishing to participate in the Scheme this year will need to inform their commissioner. Following further discussions with GPC England, NHSE/I plan to revise the scheme's requirement in relation to patient medication reviews this year.

The scheme currently requires dispensing practices to deliver medication reviews for at least 10% of their dispensing patients. This requirement will be reduced to 7.5% this year in light of the current circumstances. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review. Practices will also be able to undertake these reviews remotely if they so wish and it is clinically appropriate. The Statement of Financial Entitlements (SFE) will be amended to reflect this. All other requirements of DSQS remain the same. A letter will be sent to dispensing practices soon confirming the position.

DDRB pay award

As the BMA made clear to the Government when it was announced, it is unacceptable that the 2.8% pay uplift award for senior hospital doctors, has not been applied to GP partners or junior doctors who have long term pay deals in place which were agreed before anyone could have predicted the impact of the COVID-19 pandemic, nor the financial pressure it would put practices under, and this must be rectified.

It's unacceptable, therefore, that the Government continues to fail to fund the gap to support practices in funding the increases for staff and salaried GPs. GPs and their dedicated staff have spent the last few months working incredibly hard in overhauling services to guarantee that patients

can continue receiving the care they need from their local surgery safely. For this not to be recognised by the Government is a real blow to morale.

Dr Richard Vautrey, Chair of the BMA, along with Dr Sarah Hallett, chair of the BMA junior doctors committee, have [written a letter](#) this week to Matt Hancock on this important issue, expressing the hurt and disappointment which GP partners and junior doctors are feeling when they have contributed so much to the nation's health and wellbeing during this time of national crisis. BMA council chair, Chaand Nagpaul, is meeting shortly with health secretary Matt Hancock to also strongly make that case and to firmly outline the reality of the significant and vital contribution of GP partners and junior doctors during the COVID crisis. Read the BMA's full response to the DDRB report [here](#) .

The BMA have updated [salaried GP pay ranges webpages](#) following the DDRB uplift announcement, along with our guidance on how practices should apply that uplift.

Government obesity strategy

This week the Government published its [strategy](#) to tackle obesity. The BMA has long campaigned for government to hold industry to account as its main policy on obesity, rather than asking the public to shoulder the bulk of the responsibility. They have done this both as an individual organisation, and as part of the Obesity Health Alliance.

The main policies outlined in the strategy include:

- A 9pm watershed on HFSS (food high in fat, sugar or salt) adverts on TV and online (with a short consultation on a total ban online) – to be brought in by end of 2022. Ahead of this, the Government will also hold a new short consultation on whether the ban on online adverts for HFSS, should apply at all times of day.
- Restrictions on multi-buy and location promotions of HFSS in retailers and online. There will also be a ban on these items being placed in prominent locations in stores, such as at checkouts and entrances, and online. In the UK we spend more buying food products on promotion than any other European country and a survey from 2018 shows that around 43% of all food and drink products located in prominent areas were for sugary foods and drinks, compared to just 1% for healthy items.
- Calorie labelling in large out-of-home outlets. New laws will require large restaurants, cafes and takeaways with more than 250 employees to add calorie labels to the food they sell.
- Consultation on front of pack food labelling and calorie labelling of alcohol. The government will launch a consultation to gather views and evidence on our current 'traffic light' labelling system to learn more about how this is being used by consumers and industry, compared to international examples.

- Expansion of weight management services. Weight management services will be expanded so more people get the support they need to lose weight. This will include more self-care apps and online tools for people with obesity-related conditions and accelerating the NHS Diabetes Prevention Programme.

The BMA will be discussing with NHSE/I the potential of QOF indicators for 2021/22 relating to obesity which NICE recently consulted on. Primary care network staff will also have the opportunity to become 'healthy weight coaches' though training delivered by PHE. Separately, GPs will also be encouraged to prescribe exercise and more social activities to help people keep fit, but the details on this are not yet clear.

In the BMA's submission to that consultation they emphasised that the indicators would need to accurately reflect the role of GPs in the wider healthcare ecosystem when it comes to obesity, and that weight management services must be significantly ramped up to ensure accessibility. These will form part of negotiations later in the year.

Alongside the obesity strategy, DHSC launched a ' [Better Health](#) ' campaign, which announced prescriptions for cycling. The BMA understands this initiative will commence in 2021/22 as limited pilots in a small number of areas with further information to be provided soon.

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 our 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](#)

BMA COVID-19 guidance

The BMA continue to regularly update their [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](#) .

The Kent Local Medical Committee



Kent Local Medical Committee

8 Roebuck Business Park
Ashford Road,
Harrietsham
Kent ME17 1AB
Tel: 01622 851197
Fax: 01622 851198
www.kentlmc.org

*Supporting list based personalised care,
the partnership model and meaningful collaboration*