



Dear Colleague

Please see below our latest updates for your information:

Face-to-face appointments

It was appalling that earlier this week [NHSE/I](#) briefed the media to suggest that practices were not offering face-to-face appointments to patients, implying that General Practice is not available for the patients that are in need.

The reality is that GPs and their teams have been working incredibly hard to keep their services as accessible as possible during the COVID-19 pandemic, with most offering telephone and digital triage as the first point of contact in order to help keep their workforce and communities safe. This is exactly what the Government has been encouraging practices to do.

Throughout the pandemic practices have continued to enable face-to-face appointments when it was clinically necessary. Any inference that in-person consultations were not provided when needed is an affront to the thousands of committed GPs who have continued to deliver the best possible care to their patients, despite the many challenges practices have faced. This is also an insult to the memory of the GPs who tragically died from COVID-19 which they contracted during face-to-face consultations.

Whilst general practice looks forward to the time when it's possible for more face to face consultations to take place without the need for PPE, thanks to the dedication of practice teams across the country and the use of new arrangements, patients' concerns can now often be dealt with more efficiently, including redirecting patients to the appropriate professional service, such as to digital physiotherapy consultations, social prescribers or pharmacy. Surgeries should be commended, not criticised, for adapting so quickly and seamlessly to what is a massive shift in their usual working pattern and the Government needs to do much more to recognise and support practices doing this.

The anger and hurt within then profession is understandable, but that should not lead to abusive messages being directed towards individuals. The BMA has raised its concerns with NHSE/I and with the Department of Health and Social Care about this unacceptable situation and highlighted how damaging to morale this has been for GPs and their staff. The BMA has also sent the attached letter to Simon Stevens calling for an apology and action to address their concerns with this letter.

Read the full statement [here](#)

Pharmacy changes to reduce GP workload

This week, the BMA sent a [joint letter to the Secretary of State for Health and Social Care](#), Matt Hancock, calling for Government to amend medicines legislation to allow pharmacists to make changes to prescriptions and provide a different quantity, strength, formulation or generic version of the same medicine, if it is in short supply.

At a time of significant increase to GP workload and the problems with supply of medications, allowing pharmacists to make these changes so that patients can obtain their medicines in a timely manner would be helpful for both doctors and patients. The BMA is working to try to reduce the bureaucracy that contributes to GP workload pressures and changes like this will go some way in addressing that, especially as we head into winter and at a time when we are seeing the number of patients with COVID-19 increase again. Read more [here](#)

Revised Network Contract DES guidance (England)

NHSE/I has now published the [revised Network Contract DES materials](#), which include:

- A cover note
- Amended 2020/21 Network Contract DES Specification
- Amended 2020/21 Network Contract DES Guidance
- IIF Guidance
- SMR Guidance

The BMA will produce a brief summary in the next few days to outline the key areas.

Template letter to private providers about screening

The BMA has co-badged a [template letter](#) with the Royal College of GPs, that practices can use to write to private providers offering non-approved screening tests. Numerous private companies are offering screening that is not recommended by the UK National Screening Committee (UKNSC), and there is a lack of evidence of how results of private screenings are presented in NHS services and is of benefit to patients, which is a cause of serious concern. This follows our joint [Position Statement on Screening](#) by organisations which have not been approved by the UKNSC, which was published last year.

NHS Test and Trace App

The new NHS Test and Trace App will launch next week on 24 September. The QR codes are not intended for healthcare settings but for business and other public buildings that will be mandated to keep a record of those entering. If practices want to apply for and display a QR code they can do so voluntarily but there is no expectation or contractual requirement to do so.

CQRS update

The attached documents from CQRS contain a reminder of the payment declaration and details around the signing onto CQRS from the 23rd September.

NHS Clinical Entrepreneur Programme

Applications for the NHS Clinical Entrepreneur Programme opened on 15 September 2020. This is an educational workforce development programme designed for healthcare professionals who want to develop and scale their most innovative ideas for patient benefit.

The programme was launched in 2016 and has already recruited over 500 individuals including doctors, dentists, pharmacists and nurses from a range of diverse backgrounds. Places on this programme will be offered through a competitive process, to applicants who have developed clinical innovations to improve patient care and support service redesign through commercial and non-commercial enterprises. You can find more about this programme, and the application portal, [here](#).

Remote Working for Salaried GPs and Locums

The LMC has received reports that in some practices Salaried GPs and Locums are not being given access to laptops to enable remote working where necessary e.g. if they need to self-isolate. We would like to encourage practices to allow equal access to remote working wherever possible. Meanwhile we have raised the issue with the CCG to try to get better access to laptops for all GPs.

Primary Care staff COVID testing

Details was sent to all practices via the CCG on how to arrange testing. Details can be found [here](#)

NHS Property Services - Service Level Agreements and Charters

Some practices have been invited by NHS PS to sign facilities management service level agreements (SLAs) and/or similar documents badged as 'charters'.

NHSPS have stated that these documents are designed to set out, among other related matters, the services that will be received by the practice. They are not intended to be legally binding agreements, but caution needs to be exercised because once agreed these documents could affect the terms of your tenancy.

While clarity by NHS PS is welcomed, information on services and facilities management should not be considered or agreed in isolation.

Any agreement regarding service provision must only be signed with due consideration of the existing tenancy arrangements, whether written leases or implied tenancy, and only in conjunction with the costs associated with such services.

Care should be taken to avoid the issue of agreeing services independently from the cost of those services and without any regard to the existing terms of the tenancy."

Practices need to consider this along with the update on legal case.

Practices would also benefit from the specific guidance on charges:

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-premises/service-charges-for-gp-premises>

For general advice regarding CHP and NHSPS tenancies:

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-premises/community-health-partnership-and-nhs-property-service-issues>

Kind regards

Kent Local Medical Committee



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