



5th October 2020

Dear Colleague

Please see below our latest updates for your information:

Adult Mental Health Issues in Kent

John Allingham of Kent LMC and Afifa Qazi Medical Director at KMPT held a workshop attended by LMC representatives and Clinical Directors to look at interface and service development issues around the adult mental health services in Kent. Following a very productive afternoon the LMC and KMPT agreed to work together on the following:

1. Discharge letters for in-patients to have a short summary front sheet of GP info with actions and medication changes on it.
2. More work to look at referral not meeting access criteria for KMPT services and to try and ensure replies come from a clinician rather than a secretary. Letters to be copied to patient so where applicable they can self-refer if another service is recommended.
3. ECGs can be performed and bloods taken in GP surgeries with requests from KMPT Clinicians and results being addressed to them as referrer for action.
4. Those clinics still sending GP to do ECG and bloods letters to be reminded it is not acceptable to ask GP to request bloods and ECG, for patient's under KMPT care.
5. LMC will explore possibility of funded shared care for patients on depot med in community
6. KMPT to share summary of DNA policy
7. LMC reps to facilitate Afifa getting an invite to PLT education sessions, Suicide risk assessment identified as a topic for PLT
8. Kent LMC will offer comment on Strategy currently being prepared by KMPT.
9. Kent LMC will approve wording of letters to encourage LD patients to attend healthchecks and will work to maximise attendance as far as possible
10. KMPT will clarify position of SPoA on under 18 referrals

The LMC extends its gratitude to Dr Qazi and other attendees for their positive and valuable contributions. We will continue to work with Dr Qazi and KMPT to improve the experience for patients and professionals.

Medway Community Healthcare (MCH) and Kent LMC liaison meeting, 22

September 2020

The LMC recently met with MCH and heard about how MCH has been responding to the pandemic. Services are now back to 80% pre-Covid capacity and MCH is working hard to reduce waiting times. The introduction of Video Consultations has had a very positive impact and MCH expect this to become a significant feature of how services are delivered in the future.

MEDOC has experienced a significant variation in patterns of demand. Home visits have halved, which will in part be due to the success of the in hours home visiting service, and video consultations are increasing. However, MCH recounted that there appeared to be a significant pressure for home visits from particular practices who may not be seeing patients face to face during the pandemic.

Community nursing is experiencing increased demand for home phlebotomy but a reduction in attendance at its phlebotomy clinics. MCH emphasises that its phlebotomy clinics are delivered in covid secure environments and has asked practices to refer non-housebound patients to these rather than put them on the Community nursing caseload.

Due to the high vacancy rate that MCH is carrying it has advised that it will not be able to provide flu vaccine for housebound patients. The LMC is encouraging the CCG to look at alternative ways of vaccinating this cohort of patients.

COVID-19: general practice during the second wave

Following the experience of the last six months, the BMA have developed proposals outlining the urgent measures needed to ensure general practice is protected and supported, as we move into the second wave of the pandemic. Implementing these proposals will be critical in enabling general practice to respond to the needs of our patients, not least whilst delivering the biggest flu programme ever and on top of previous and on-going workload and workforce pressures.

The proposals are based on the government's 'protecting the NHS to save lives' campaign and learning the lessons from the first wave, as well as what we've learnt from colleagues elsewhere. The main concerns include the increase in patient demand and workload shift from elsewhere in the NHS where services remain limited, and the insufficient financial support from NHSE/I and government. These were issues that Dr Richard Vautrey, Chair of the GPC, was able to discuss directly this week with Sir Simon Stevens and Jo Churchill, the health minister with responsibility for primary care in England.

Read the BMA call for action to support general practice during the second wave of COVID-19 [here](#)

GMS contract amendments (England)

NHSE/I has [written to practices](#) to outline amendments to the contract, as agreed in our last round of negotiations in February this year, as well as extending/amending some of the amendments that have been made in order to assist with managing the pandemic. The Friends & Family Test remains suspended, as does the requirement for individual patient consent for electronic repeat dispensing.

NHSE/I has listened to the BMA concerns and relaxed the requirement for practices to make appointments available for NHS111 to directly book. The maximum that should be made available remains 1 per 500 patients, but practices can now only make available what is necessary to meet demand. This may therefore be covered by the previous arrangement of 1 per 3000 patients. The BMA are aware that most practices do not see many of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. Practices should though monitor this to ensure they are offering sufficient opportunity for direct booking.

Some of the contractual agreements made earlier this year for 2020/21 implementation have been delayed due to the pandemic, but the ones that commence from 1 October include a contractual requirement for practices to participate in the Appointments in General Practice data collection, participating in the NHS Digital Workforce Collection, new measures around list cleansing and patient removal and assignment, as well as a relaxation of subcontracting arrangements for the PCN DES.

Supporting effective collaboration between primary, secondary and community care in England

As we know prior to COVID-19 the NHS was already struggling to cope with increased activity, capacity constraints and financial pressures. It now faces a huge uphill struggle to deal with the inevitable backlog of care that has developed since March. Tackling these challenges over the coming months will require effective collaboration between systems and clinicians across primary, secondary and community care. However, there are a number of barriers to making this happen, including high workload, the need to adapt physical spaces to prevent the spread of infection, lack of joined up IT, historic workforce shortages and a lack of consistent communication and trust between different parts of the health system.

Building on the work of the [BMA's Caring, Supportive, Collaborative project](#), they have published a paper which sets out what needs to happen to empower doctors to work together to tackle the backlog. The key recommendations include:

Bringing together local clinicians to establish a local approach for how to review and process the backlog of referrals which helps to achieve effective prioritisation

CCGs should establish and increase the commissioning of locally based services for blood tests, ECG, spirometry, ultrasound or other diagnostic services in the community, and allow clinicians regardless of the care setting they work in to book these tests and monitor results

Investment in IT systems, especially in secondary care, which respond to the need of clinicians, including information sharing and an ability to continue remote consultation.

Developing locally agreed joint prescribing budgets and open access to EPS to secondary care clinicians to enable them to issue prescriptions more easily using community pharmacy and so reduce GPs workload

Read the report and full list of recommendations [here](#)

NHS Pension Schemes consultation (UK)

The Government is holding a consultation about [Public Service Pension Schemes: changes to the transitional arrangements to the 2015 schemes](#), with a deadline of 11 October. The BMA will be responding to the consultation, but is also urging doctors to make their own submission to

the consultation. To help do this, the BMA has created a [template consultation tool](#), which is editable so you can outline your own experiences, while also emphasising the key points which we will believe will affect the majority of our members. Read more in the [message from Vish Sharma, Chair of the BMA's Pensions Committee](#)

Influenza vaccination: Principles for collaboration

The RCGP and the Royal Pharmaceutical Society have published a joint statement on [Influenza vaccination: Principles for collaboration across Great Britain](#), setting out the need to ensure a high uptake of flu vaccination to keep people well and negate excessive pressures on NHS services. This is particularly important this winter, with COVID-19 still in circulation. The following principles have also been developed to ensure a high uptake of the flu vaccine:

General practice and community pharmacy should take a collaborative approach to delivering the flu vaccine programme;

The skills and experience of all eligible, trained and available healthcare professions should be utilised to ensure widespread take-up of the vaccine;

The safety of staff undertaking the administration of vaccinations is paramount

Read the statement [here](#)

JCVI advice on priority groups for COVID-19 vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) has published [updated advice on the priority groups to receive COVID-19 vaccine](#). The committee has advised that vaccine should first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk. The advice will continue to be updated as more information is available on vaccine effectiveness, safety and clinical characteristics.

One career endless opportunities #Choose GP

Applications for Round 1 of 2021 GP specialty training will be open from **2 November to 1 December 2020**. Please 'like' and follow the [#Choose GP Facebook page](#) to keep up to date with news and views, and forward this information to any doctors who may be thinking about career options.

The [GP National Recruitment Office](#) (GPNRO) website is the place to go for more information or there are a number of GPs and trainees who are able to help with local or general enquiries. Email Daryl at gprecruitment@hee.nhs.uk to be put in touch.

Survey of Salaried GPs (England)

The BMA are conducting a [survey](#) of Salaried GPs in England about the terms and conditions under the BMA's salaried GP model contract, which focuses on pay and the provision of parental leave rights under the model contract and your answers will inform our work on reviewing salaried GPs remuneration package and may be used in negotiating discussions. It should only take 5 minutes, and your responses will be anonymous. The survey closes on

12 October. If you have any questions about the survey, please email us at info.pcs@bma.org.uk

Responding to the death by suicide of a colleague in primary care: a postvention framework

The Louise Tebboth Foundation and the Society of Occupational Medicine have launched [a report which provides a framework to support primary care organisations](#) following the death by suicide of a colleague. The report draws on interviews with people working in practices who have personal experiences of a death by suicide within their team, and includes useful practical advice suicide postvention guidelines proposals to put appropriate support in place to help people and organisations recover.

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. Access the [BMA's COVID-19 wellbeing pages here](#). For hard copies of our Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

BMA COVID-19 guidance

Read the BMA [COVID-19 toolkit for GPs and practices](#), to help answer questions on 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](#)

[Risk assessments](#)

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](#)

COVID-19 media

[The Daily Telegraph](#) published an article today 'People need their GP', which implies that GPs are letting patients down by relying excessively on telephone or online consultations. The BMA have sent a robust letter in response to challenge this opinion. Doctors and their teams have worked tirelessly to serve their communities throughout the pandemic, often at personal cost, and practices have remained open for their patients throughout this crisis. During August alone practices provided over ten million face-to-face consultations to patients, with more than half of all appointments taking place in person. People should be reassured, not intimidated, by the use of PPE, screens and social distancing leading to quieter and safer waiting rooms.

Kind regards
Kent Local Medical Committee

