6th April 2021

Dear Colleague

Please see below our latest updates for your information:

Implementation of NHSE/I Medical Examiner (ME) system in Kent & Medway

Following recommendations from a number of key enquiries (Dr Harold Shipman, Mid Staffordshire Hospitals) a new National Service, the Medical Examiner Service (https://www.england.nhs.uk/establishing-medical-examiner-system-nhs/) is being rolled-out across England and Wales to provide greater scrutiny of deaths. The system also offers a point of contact for bereaved families to raise concerns about the care provided prior to the death of a loved one. Acute Hospital Trusts have been asked to host the offices but the Medical Examiners (MEs) are independent of them with a separate professional line of accountability to regional and national teams.

Medical examiners are part of a national network of specifically trained independent senior doctors (from any specialty). Overseen by a National Medical Examiner, they scrutinise all deaths that do not fall under the coroner's jurisdiction across a local area. Currently the system is non-statutory but as outlined in The Health and Care White Paper (https://www.gov.uk/government/speeches/the-future-of-health-and-care) the plan is for the medical examiner system to become statutory but It is anticipated that the non-statutory medical examiner system will continue throughout the 2021/22 financial year whilst parliamentary procedure is followed.

The initial roll out, during the financial year 20/21, was across acute trusts and in this next financial year it is to be extended to cover primary care, community hospitals and hospices, with the objective of achieving scrutiny of all non-coronial deaths by the end of the financial year. The purpose of the medical examiner system is to:

- provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths
- ensure the appropriate direction of deaths to the coroner
- provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- improve the quality of death certification
- improve the quality of mortality data.

The process requires the ME offices to be notified of any death, the attending doctor is then contacted to provide a clinical summary and a proposed cause of death. The ME service then provides independent scrutiny, contacts the attending doctor to agree the Medical certificate of Cause of Death (MCCD) or next steps. The attending doctor completes the MCCD and cremation forms and the ME contacts the bereaved family to explain the MCCD and to give them the opportunity to ask questions and raise any concerns.

The roll out of the service to the Community Hospitals and the Hospices is planned for April 2021 and we have two pilot GP practices signed up, the Canterbury Medical Practice and the Heron Medical Practice. Once we have ensured that the process works effectively for all parties we will be rolling the service out across East Kent from the beginning of Quarter 2 (July 2021) with a plan to have full coverage by the end of the financial year.

If you have any questions or are interested in becoming a medical examiner or in your practice being in the first wave then please contact Dr Michelle Webb, Renal Consultant me at mwebb3@nhs.net

Dr Michelle Webb, Renal Consultant EKHUFT and Lead Medical Examiner East Kent.

GMS/PMS regulations - pandemic amendments (England)

NHSE/I has confirmed that the temporary changes to the GP contract under the pandemic regulations which were due to lapse at the end of March have now been extended until 30 June 2021.

As previously, this means a continued suspension of the Friends and Family Test requirement; a continued suspension of the requirement for individual patient consent for electronic repeat dispensing (eRD); and a continuation of the amendment to NHS 111 direct booking with sufficient slots available for NHS 111 to refer into a triage list; for most practices offering 1 per 3000 as per the pre-pandemic arrangement is likely to be sufficient but this can increase to 1 per 500 if demand requires.

Read more about what services practices should be providing, and what should be prioritised during the pandemic, in the BMA COVID-19 toolkit for GP practices.

SFE and global sum calculation (England)

An official consolidated version of the SFE (Statement of Financial Entitlements) has been published for 2021. This updates the SFE from the last fully consolidated version from 2013 and includes the amendments made up to the current 2021/22 contract year. The global sum figure has now been finalised for 2021/22 (£96.78) and amended from early figures we shared as it now takes in to account the full impact of the final MPIG correction factor recycling. The global sum out-of-hours deduction will be 4.75% (£4.59).

DES directions and flu immunisations (England)

The DES (Directed Enhanced Service) Directions have also been published. NHSE/I has decided not to include the revised Influenza Immunisation Scheme in this set of DES directions. This is due to the possibility of a COVID-19 booster programme running alongside the flu programme, and the need to look at potential operational considerations for providers. NHSE/I has made a commitment to discuss delivery of COVID-19 boosters and the impact on the flu campaign with GPC England once further information is available.

Note that practices should continue to plan to deliver the 2021/22 flu programme as per the letter from NHSE/I Medical Director Professor Steve Powis.

Network Contract DES 2021/22 and improving general practice appointment data (England)

NHSE/I has published a suite of documents to support the updated Network Contract DES 2021/22 from 1 April. These documents implement the changes set out in the NHSE/I letter of 21 January 2021, and include a cover note outlining the key changes, the updated Network Contract DES specification and guidance, and other supporting guidance, including a set of FAQs. They have also published guidance for practices on standard national general practice appointment categories to support the mapping of local appointment slots to these new categories. This follows joint NHSE/I and GPC England guidance published in August 2020, which introduced an agreed definition of general practice appointment.

There is also new guidance on PCNs implementing the Investment and Impact Fund for their practices as per the requirements set out in the Network Contract DES.
Access all the guidance here

COVID-19 vaccination programme (England)

Vaccinations sites are encouraged to continue their efforts in maximising uptake in cohorts 1-9 during April, focusing on those in the lower cohorts first, which are yet to be vaccinated. The JCVI is recommending that adults who are over 16 and living with adults who have weakened immune systems, such as those with blood cancer, HIV or those on immunosuppressive treatment including chemotherapy should be prioritised for the COVID-19 vaccine. NHSE/I has written to practices about the next steps, including a template letter practices can use to inform patients that their adult household contacts are eligible to have the COVID-19 vaccination, and also published operational guidance to vaccinate this cohort. There will be very limited vaccine available for first doses in April and vaccination sites should now preferentially use spare vaccine from second dose clinics to give to other patients due a second dose, although they retain the clinical discretion to give it to others as a first dose, particularly those living with immunocompromised patients as set out in the letter from NHSE/I. We are expecting a statement from JCVI shortly on details relating to the next phase of vaccination for groups 10-12.

Maximising vaccine uptake in underserved communities
NHSE/I has published a problem-solving framework to help maximise vaccine uptake in underserved communities, setting out best practice and practical guidance for implementing a range of interventions to ensure equitable access to COVID-19 vaccination and drive uptake.

Pinnacle now features reporting functionality
Pinnacle has now released reporting functionality in their platform. This move comes after lobbying from both GPC England and the Joint GP IT Committee, calling for a solution to support PCN-led vaccination sites with reporting. To support users with their service delivery Pinnacle have introduced several service reports that can now be accessed from the “Reports” tab. Only users with the “Site administrator – user management” permission will be able to see this tab. Please follow instructions sent out in LVS email. All requests for access to PID extracts will be subject to an approval from Pinnacle on behalf of NHS England. For further queries please contact the National Service Desk: Telephone: 0300 200 1000; Email: vaccineservicedesk@england.nhs.uk

Vaccine dose data
Nearly 31 million people in the UK have now received their first dose of the COVID-19 vaccine, and the latest data report shows that as of 31 March, nearly 29.5 million doses of the COVID-19 vaccine have been given in England.

Read more about the latest changes, including the delivery of second doses, added funding, and what practices need to do and the support available in the BMA updated guidance page about the COVID-19 vaccination programme.

Shielding for clinically extremely vulnerable to end (England)

As of yesterday, 1 April, clinically extremely vulnerable (CEV) people in England no longer need to shield. CEV patients are still advised to continue to take extra precautions to keep themselves safe, even after receiving both doses of the COVID-19 vaccine. Read the government guidance here

Practices are reminded to continue to add and remove patients, as appropriate, from the Shielded Patient List, as it may be necessary to identify this cohort in the future. Information on how to do so is available on the NHS Digital website.

Read our guidance for practices about arrangements for patients at high-risk of coronavirus. The BMA also has guidance for doctors isolating and those in vulnerable groups

NHS Standard Contract 2021/22 – New “interface” provision (England)

Following reports from GPs regarding inconsistent implementation of NHS Standard Contract requirements on secondary care providers relating to the interface with local primary care teams,

the BMA has worked with NHS England on the introduction of a new provision in the contract to improve collaboration between clinical teams.

The new provision published in the contract, requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract.

The commissioners and providers will also have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the relevant LMCs.

Providers and commissioners will finally have to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is shared with the relevant LMCs.

BMA summary: NHS Planning Guidance 2021/22 and NHS Mandate 2021/22 (England)

The BMA has produced the attached member summary of NHS England's latest Planning Guidance for 2021/22, which sets out its expectations for NHS commissioners and providers in England over the coming year and for the recovery from Covid-19.

They have also responded to the publication of the planning guidance publicly here, and have welcomed the focus on staff wellbeing, recruitment and retention in the guidance, which echoes some of the priorities set out in their recent paper *Rest, recover, restore: Getting UK health services back on track*.

The BMA has also called for a realistic approach to tackling the growing backlog of care given the scale of the challenge facing the NHS. Although it is positive that the planning guidance sets out relatively cautious timescales for increasing non-COVID care in the NHS over the coming six months, the BMA have warned that offering financial incentives to raise activity levels could be counterproductive if this leads to healthcare workers being put under pressure to ramp up services too quickly.

Community pharmacy pandemic delivery service

You may be aware of the recent addition to the community pharmacy pandemic delivery service which allows pharmacy contractors and dispensing doctors to support the delivery of prescriptions to people who have been told to self-isolate by NHS Test and Trace. Pharmacy contractors have reported that some people told to self-isolate, particularly the household contacts of COVID-19 positive patients, do not seem to be following the guidance and consequently are still presenting in pharmacies.

It is suggested all primary care providers flag the option to have prescriptions delivered when prescribing for COVID-19 positive patients, to try to ensure they stay away from all primary care premises.

BMA moral distress survey (UK)

The BMA has launched a survey on moral distress, open to all UK doctors, including retired doctors, although it is not aimed at medical students. The survey will remain open until *Sunday 11 April.*

The survey asks about your understanding of moral distress and moral injury, whether you have come across these terms before or have experienced them. The impact of COVID-19 and potential solutions are also considered. The findings will be used to make recommendations and allow the BMA to help mitigate this problem throughout the UK's medical workforce. Take the survey, and read more about moral distress and how it impacts doctors, here.

Kind regards
Kent Local Medical Committee