



12th April 2021

Dear Colleague

Please see below our latest updates for your information:

****URGENT** Kent and Medway eConsult survey by the LMC**

The LMC have heard that many practices are finding the workload generated by eConsult outside of core hours is unmanageable and would like the option to switch off eConsult outside of 08:00 – 18:30 Monday to Friday and on Bank Holidays. **Please click on this link** to answer our simple Survey Monkey question *by noon on Tuesday 13th April* with a Yes or No answer and if the result is, as we suspect, a majority Yes, we shall lobby the CCG on your behalf to enable this.

Kent & Medway has partnered with Lantum to build a new, digital staff bank

Kent and Medway CCG has partnered with workforce management software, Lantum, to create a multidisciplinary staff bank and promote resilience across our ICS. GPs looking for locum work can now sign up to the staff bank, as per the first wave of onboarding. For details of the announcement please click [HERE](#).

Whether or not you have a Lantum GP account already, please use the link below to be added to the new staff bank.

1. Access the new [Kent and Medway staff signup page](#) through this link.
2. Click 'Sign Up'.
3. If you do not already have an account, please select 'I don't have an account' and input your details in full.
4. If you do already have an account, please select 'I have an account', then log in and select 'Join this bank'.

Please be aware that there may not be a wealth of sessions in the first few weeks. In the meantime, you need to ensure that you've uploaded your core documents in order to have your profile verified by Lantum's Clinical Governance Team. Click 'My Account' and 'Upload Documents', then upload the following;

- VC
- DBS (enhanced), dated within 3 years
- Passport
-

When prompted to do so, you will also need to upload your payment details. Payments for sessional work are always remitted by Lantum and, until June 2021, Lantum will pay you the next working day after you raise your invoice.

Please see the [Lantum clinician FAQs](#) for support on how to operate your account, and be sure to download the Lantum clinician app on the [App Store](#) or [Google Play](#) after you've created your account on your desktop.

Manage your Mind taster session, 14 April 2021, 12:00 to 13:00

The North Kent Training Hub have teamed up with [Manage Your Mind](#) to fund an exclusive 3 day programme available to North Kent (DGS, Medway and Swale) Primary Care colleagues in May and June 2021. This will be a multi-professional programme, that will run from 4pm - 9pm (Wed-Fri), available to all staff aligned to and working within Primary Care Networks - and will focus on improving mental and emotional well being using powerful breathing exercises and mindfulness techniques.

If you are interested in taking part in the 3 day programme, there will be a taster session on 14 April 2021 between 12am and 1pm. We have attached an ics file which contains a link to the webinar. Please click on the ics file to add the calendar appointment with link to your diary. Manage Your Mind offers individuals an opportunity to invest in themselves, to rest, to re-centre, to re-focus and to re-energise. This two minute video gives you an overview of the benefits of this programme: <https://youtu.be/BxM0wjAnSEA>

It offers people an opportunity to learn new skills, breathing techniques, guided meditations and processes that help calm the mind. Studies have shown that when practiced regularly, they help improve sleep, reduce stress, depression and anxiety and improve the quality of life. CPD Certificates of attendance will be provided to all who complete the course. Please visit www.manageyourmind.org.uk for more information on course dates and venues. There are a limited number of spaces available - and encourage early sign up to secure your place. The Well Being and Resilience Funds being paid out by the Kent and Medway CCG can be used to support practice staff to attend this programme. (See details in [CCG GP Bulletin 02/03/2021](#)) If you have any queries, please email manage.yourmind@nhs.net

COVID-19 vaccination programme

MHRA/JCVI and EMA statements on AZ vaccine

[MHRA](#), [JCVI](#) and [EMA](#) have all made announcements on serious thromboembolic events with concurrent thrombocytopenia associated with the use of the AstraZeneca COVID-19 vaccine. This includes a small number of life-threatening and fatal cases presenting as venous thrombosis, including unusual sites such as cerebral venous sinus thrombosis, splanchnic vein thrombosis, as well as arterial thrombosis, combined with thrombocytopenia that can rapidly progress. Multifocal venous and arterial thromboses have been reported in serious cases. The majority of the events occurred within the first 14 days following vaccination but have also been reported after this period. Risk factors have not been identified.

These serious, but rare, adverse events need to be seen in the context of over 4m COVID-19 infections since the start of the pandemic causing more than 120,000 deaths. Over 30m people have received their first dose of the COVID-19 vaccine since the start of the programme, which Public Health England (PHE) analysis indicates that [the COVID-19 vaccination programme prevented 10,400 deaths](#) in those aged 60 and older in England up to the end of March, an additional 4,300 since the previous update. Analysis of infection data since the introduction of the COVID-19 vaccines in the UK demonstrates that vaccination is highly effective and substantially reduces the risk of infection and severe COVID-19 disease.

JCVI is now recommending that 18- to 29-year-olds who do not have underlying health conditions putting them at increased risk of COVID-19 should be offered an alternative to the AZ vaccine where available. MHRA/JCVI confirmed that the [risk/benefit of getting the vaccine is favourable for the vast majority of people](#), but more 'finely balanced' in younger people. The under-30s in the UK will be offered an alternative to the Oxford-AstraZeneca vaccine, where available (but stated that they were not advising a 'stop' for any age group). The deputy CMO has suggested that there will be minimal impact on the timing of the vaccination programme as a whole.

NHSE/I has issued [advice to practices](#). The MHRA has produced [guidance for patients and healthcare professionals](#). PHE has also published a [leaflet](#) that may be useful when communicating with patients. The [BMA statement](#) provides further information.

Easing of restrictions and testing

On 5 April the Government in England announced that from 12 April there will be a further easing of COVID restrictions after the prime minister confirmed the [roadmap](#) is on track. From 9 April everyone in England will be able to [access free, regular, rapid COVID tests twice a week](#), including those without symptoms. Updates will be made to the NHS COVID-19 app in England to coincide with the universal testing offer. In response, [the BMA said it is vital that the public is made aware of the limitation and accuracy of these tests](#). Recent research into lateral flow tests suggests they can pick up around half of the people with symptoms but significantly fewer of those who have asymptomatic COVID. Further, there is evidence of an even lower detection of positive cases if people carry out the tests themselves.

[Confirmatory PCR testing has been reintroduced](#) (from 1 April). Current guidance in England specifies that all individuals who receive a positive LFD test result are encouraged to take a follow-up PCR, whether the LFD test was assisted or self-reported. Contact tracing will begin immediately after a positive LFD result (eg without waiting for the result of follow-up PCR). The tracing process will be stopped and self-isolation notices rescinded where there is a negative follow-up PCR test result obtained within 72 hours of the LFD test result. This is intended to reduce the number of people self-isolating unnecessarily because of false positives from antigen LFD tests at low population prevalence.

Vaccine certificates

The Government confirmed that a COVID-19 status certification system will be developed over the coming months which could allow higher-risk settings to be opened up more safely and with more participants. Over the coming months, a system will be developed which will consider three factors: vaccination, a recent negative test, or natural immunity (determined on the basis of a positive test taken in the previous six months). Events pilots will take place from mid-April to trial the system. All pilots are checking COVID status, which will initially be through testing alone but in later pilots, vaccination and acquired immunity are expected to be alternative ways to demonstrate status.

GPC England has been discussing these proposals with the Government and NHS bodies to ensure there would be a minimal impact on GP practices, and this has been accepted. We need to avoid the expectation that people can secure evidence of vaccination or testing by obtaining a letter from their GP practice.

Weekly COVID-19 data update

The BMA's Health Policy team has started producing a weekly summary of key data on various aspects of the pandemic. The data is from external published sources (with links to the relevant data/study) and can be shared. The latest summary is attached.

Vaccine dose data

The latest [data report](#) shows that as of 8 April, [over 31m doses](#) of the COVID-19 vaccine have been given their first dose and [over 37 million](#) doses have been given in total. 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 our updated [guidance page about the COVID-19 vaccination programme](#).

Vaccinations and immunisations guidance (England)

The BMA have now published [guidance](#) about the recent changes to the [provision of routine vaccination and immunisation in general practice](#) which come into place from 1 April 2021. The changes include:

- The provision of V&I services becoming an essential service for all routine NHS-funded vaccinations with the exception of childhood and adult seasonal influenza and COVID-19 vaccinations.
- The introduction of five core contractual standards to underpin the delivery of immunisation services.
- A single item of service fee for all doses delivered in vaccination programmes funded through the GMS contract

- The Childhood Immunisation DES with its 70% and 90% targets was retired on 31 March 2021 and a new V&I domain in the Quality and Outcomes Framework introduced for 2021/22.

Free COVID-19 PPE scheme extended until the end of March 2022

The Government is extending the provision of free COVID-19 PPE to health and social care providers until the end of March 2022. Following the previous announcement of free PPE provision until the end of June 2021, the scheme will now be extended to the end of March 2022 as the expectation of clinical experts is that usage will remain high throughout the next financial year. This will ensure that general practice can continue to access rigorously tested and high-quality PPE. Providers should continue to access COVID-19 PPE via their current distribution channels.

Access to vaccination for parents with children

The BMA were made aware of an incident where a parent was prevented from bringing their dependent children to their vaccination appointment at a hospital vaccination site. The BMA took this up directly and after their intervention this matter has been addressed. They have published the following guidance:

“As we vaccinate the younger groups of patients, it may be the case that parents bring dependent children to their vaccination appointment. Colleagues are reminded that reasonable adjustments can be made for people in such circumstances, and every effort should be made to ensure that individuals can receive their vaccine at their stated appointment time. Ultimately, the senior clinician on duty has the responsibility for patient safety and it is important that they are informed of any concerns that other colleagues may have about an individual, so that they can make a risk assessment at the time and that any necessary adjustments can be made.

Denying treatment/intervention, for any reason, is a clinical decision and it must be made by the most senior clinician on duty at the time. They will be able to assess the risks and make a clinical decision which will then be documented. All staff need to be aware of the need to escalate these situations to the senior clinician.

In the meantime, as a way of preparing for the younger cohorts, we are looking at ways of strengthening the guidance for parents at the point of booking. Patients booked in for vaccination are currently asked to attend on their own where possible to minimise the risk of COVID-19 infection. However, any individual is allowed to attend with another person, particularly if they need support, for example if they are in a wheelchair, are frail or have a learning disability. Parents with young babies or children need not be turned away, unless following a risk assessment by the senior clinician. They do need to be supported to receive the vaccine. As the cohorts move to younger populations, it is more likely that adjustments will need to be made to ensure no one is disadvantaged because they have dependents with them.”

The VC operational guidance has been updated to reference the above, along with the guidance for the National Booking Service including briefing notes for call handlers.

Flu vaccination 20/21 achievement and plans for 2021/22

On 1 April 2021, a [letter from Professor Stephen Powis](#) was published both commending the achievements of practices and developments made with regards to the NHS Annual Influenza Vaccination Programme during 2020/2021, referred to as ‘the most successful in the history of the programme’, especially considering the roll out took place during a pandemic, and outlining further details for the 21/22 programme in England. 81% of people aged 65 years and over were vaccinated and 52% of those under 65 years who are at clinical risk. This was a remarkable achievement and down to the hard work of many practices. The letter also outlines that practices should plan for the immunisation of 50-64 year olds again. We are seeking clarification on this as it has not been clearly stated before.

QOF 2020/21 year-end recalculation

An error has been identified with the QOF year-end calculations, which is related to additional point allocations for cervical screening and flu immunisation. This issue impacted the total number of available points, with the maximum value of 538 instead of the planned 567. The resolution has been identified, tested and validated. The resolution will be applied and the QOF calculation will be rerun overnight, with no action required from practices or commissioners today (7 April 2021).

It is expected that declarations and approvals can recommence on the morning of 8 April 2021. All previous declarations and approvals will be automatically reset within CQRS to support this. The CQRS team will issue further communications on the morning of 8 April to provide an update to commissioners.

The approval window for submission of payment requests to PCSE has been extended until close of play on Monday 12 April, allowing three working days for practice declaration and all commissioner approvals to be completed. This issue has not impacted PCN declarations or approvals, which can be actioned. Additional checks have been applied to validate the calculation of the PCN service, as previously communicated.

Improving GP appointment data

NHSE/I has published information aimed at improving the quality of [GP appointment data](#). This is to ensure that published general practice appointment data fairly represents the appointment activity carried out across practices and general practice providers in England. This year's PCN Investment and Impact Fund provides additional funding to support this through an indicator covering the mapping of appointment slot types to the new set of national appointment categories by all practices within the PCN. This should only require a short one-off exercise, mapping each slot type that the practice uses to one of the national categories. Practices should note that this only relates to appointments from 1 April 2021 onwards and shouldn't require changes to wider processes or appointment books.

Salaries for GPs vaccination reimbursement

The BMA have received reports of salaried GPs being asked by practices to volunteer for vaccination on a goodwill basis with no payment or time off in lieu from their practice. While any clinician can volunteer to support vaccination clinics, funding models should not rely on this, and employees should never be coerced into doing so. GP practices are paid to administer COVID vaccinations and payment of staff is included in the costing of this funding. Salaried GPs should be fully remunerated for any vaccination shifts and should not feel pressured to take these on a goodwill basis.

Inspiring the female GP leaders of tomorrow

On March 25, the BMA held a hugely successful female GP leaders of tomorrow webinar chaired by Samira Anane (GPC education, training and workforce policy lead). More than 250 guests logged on to hear Nikki Kanani (medical director for primary care, NHS England), Margaret Ikpoh (RCGP council, associate director of primary care Hull Medical School), Farah Jameel (GPC England executive team and Camden LMC chair), Helena McKeown (BMA representative body chair) and Katie Bramall-Stainer (CEO Cambridgeshire LMCs, deputy chair UK LMC conference) discuss their personal leadership journeys, and share tips and advice. Please use [this link](#) to watch a recording of the event.

Delayed applications to New to practice partnership scheme (England)

NHSE/I have informed the BMA that they have amended the deadline for the individuals that sent through applications. Their team will be working through all the applications submitted so far and have advised that due to the pressures caused by the pandemic this year they will still accept

their application. They have advised that that they will be reverting back to the six months deadline for any further applications.

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