



4<sup>th</sup> May 2021

Dear Colleague

Please see below our latest updates for your information:

### Communication to Practices regarding qFIT test availability and labelling

At the beginning of 2021 the qFIT test was launched for clinicians in Primary Care to use for patients with 'low risk' bowel cancer symptoms. The envelopes with qFIT tubes for samples will have arrived in your practices in January.

We know that not all practices have returned a sample to the lab in the last few months and therefore we want to check that all clinicians were aware of this important test and when and how to use it.

There has been five training sessions recently delivered by Dr Jack Jacobs and Dr Joanna Bonnett but if your team have missed these events, they can access the video via this link:

<https://vimeo.com/522407531/1428879b64>

Only these qFIT tubes will be accepted – the standard dark blue faecal container is not suitable. Please see below for the following information to ensure that qFIT tubes are labelled correctly. Advise patient to return the sample ideally on the same day it is collected but avoiding Fridays. Please ensure they are kept in one place so that all your clinicians can easily access them.

**West Kent** -When completing ICE request please click “Patient to provide sample” before printing the label. Attach the label to show the bar code on the flat side and not on the edge of the tube. **The patient should add date & time that the sample is collected in biro.**

**Medway, Swale and DGS-** Hand write Patients details onto the collection pot or apply DART label. A Dart slip or request form must accompany the sample to the lab. **The patient should add date & time that the sample is collected in biro.**

**East Kent** – Hand write Patients details onto the collection pot (**do not apply DART label**) A Dart slip or request form must accompany the sample to the lab. **The patient should add date & time that the sample is collected in biro.**

If you have any questions then please contact [kateregan@nhs.net](mailto:kateregan@nhs.net) initially, who will forward your query on to the relevant party.

### GP appointment figures and workload pressures (England)

The latest [GP appointment figures](#) in England were published last week which show that practices delivered almost 5 million more appointments in March than they did the month before, and nearly 3 million more than they did in the same month two years ago, long before the onset of the pandemic.

These figures underline the immense efforts that practices are going to providing care to their communities and the intense workload pressures that staff are under as we continue to respond to the pandemic alongside patients' wider health needs.

GPs and their teams are consistently telling the BMA they're busier now than they have ever been, and this data – which does not include a large proportion of the vaccine programme undertaken by practices, nor a vast amount of other daily tasks – backs this up.

Every day, more than a million patients in England had an appointment with their practices, whether this was the significant proportion seen face-to-face, on the phone, or via video call. With too few GPs and practice nurses, and a promise in 2015 of 5,000 extra family doctors within five years actually delivering a loss of almost 1,500 by September last year, individual doctors are taking on more and more as demand rises and the workforce diminishes.

So for GPs and many others in practices working 11 or 12-hour days, often leading heroic efforts to protect as many people as possible in their communities against a disease that has had such a devastating impact on all of us, it is heart-breaking and completely demoralising to hear accusations that general practice is not open and that patients are not being seen.

This narrative, categorically proven wrong by this data, is extremely damaging at a time when morale is already reaching rock bottom and many GPs, practice managers and other practice staff are reaching breaking point. With the ongoing use of telephone triage advised by NHSE/I, changes put in place for the protection of staff and patients alike due to the limits of the size of most practice reception areas - general practice is open, and staff need support, patience and understanding as they work harder than ever before. Read Dr Richard Vautrey's full statement [here](#)

This was also reported by [Pulse](#) and [GPonline](#)

## COVID-19 vaccination programme

As of today, people aged 40 and over are eligible to book an appointment via the [NHS national booking service](#) to receive the COVID-19 vaccination. Practice groups can invite these patients for their first vaccination if they have sufficient supplies alongside continuing with second vaccinations to those patients who are due to receive it.

Since the vaccination rollout began in December, over [34 million people in the UK](#) have received their first dose, and 14 million have also received their second dose.

### New photographs show the people behind the national vaccination effort

To mark the start of World Immunisation Week 2021, a series of photographs documenting the vaccination programme has been published by the Government. The photo montage comes as a new campaign begins urging under-50s to get the jab. [Find out more here](#)

Read more about the latest changes, including the arrangements for the second phase of the vaccination programme and what practices need to do, in our updated [guidance page about the COVID-19 vaccination programme](#).

### Weekly COVID-19 data

The BMA weekly COVID-19 data summary is attached.

## Racism in primary care report

Humberside LMC have published the attached report following a survey in their area exploring the experience of racism in primary care. This is a challenging but important document and we are grateful for the LMC sharing it. The report is based on findings from a survey across all staff groups, and forms part of their wellbeing strategy. Further information can be obtained from Dr Zoe Norris, Wellbeing Lead for Humberside LMC, via [zoe.norris1@nhs.net](mailto:zoe.norris1@nhs.net)

## Domestic Abuse Bill receives Royal Assent

This week saw the [Domestic Abuse Bill receive Royal Assent](#) to become the Domestic Abuse Act. This means the provisions in the Bill will come into law over the coming months, and probably before the Summer. The Bill contains a new measure which will prevent doctors from charging patients experiencing domestic abuse for letters to access legal aid. While BMA guidance has previously advised against charging for these letters, they continue to push for GPs to be removed from this legal aid process entirely – as we believe the current system disempowers victims and is unnecessary and bureaucratic.

## Serious Shortage Protocol for Estradot

A [Serious Shortage Protocol \(SSP\) for Estradot](#)® 75 microgram patches, was introduced last week. The prescriber will need to decide whether it is reasonable and appropriate to substitute the patient's prescribed order for the active SSP. The patient would also have to agree to the alternative supply for that dispensing month. Read the guidance on endorsement, prescription charges, remuneration and reimbursement, and Q&As [here](#)

## Extension to the shingles immunisation programme (England)

Individuals become eligible for routine vaccination against shingles when they reach age 70, and all those aged up to and including 79, are now eligible to receive the vaccine until they reach age 80.

Individuals who are eligible for the shingles vaccination programme who turned 80 years during the pandemic and missed the opportunity to be vaccinated can now be vaccinated until 31 July. There are no contractual changes to this programme, the offer of vaccination is opportunistic or if requested for the catch-up cohort. GPs will continue to be reimbursed via the standard item of service fee, which should be claimed manually.

## Launch of framework for suppliers of digital services to general practice (England)

The new [Digital first online consultation and video consultation framework](#) has been launched this week, which is intended to improve the standards of systems available for patients and practices. The new procurement framework means that PCNs working with commissioners can choose assured systems from a range of suppliers to better meet local needs. The framework will allow products to be better tailored to user needs, including integrating online consultation systems with GP clinical systems and sending requests to other primary care services to reduce pressure on practices and navigate patients effectively.

## Appraisal 2020 survey (England)

NHS England and Improvement is conducting a survey on Appraisal 2020. If you've used the new, streamlined format, which was introduced following our concerns about workload pressures and the impact on wellbeing during the pandemic, then your thoughts will be valuable to help develop the format and make appraisal more useful for all doctors. Everyone who has used the new format is encouraged to take part, especially if you're a Responsible Officer. To take part please email [lily.tomkins1@nhs.net](mailto:lily.tomkins1@nhs.net) who will share a survey link according to your designated body.

## Global health leaders back BMA call for urgent action as COVID crisis in India worsens

The scenes we are witnessing in India, Brazil and other countries with rising cases of COVID-19 are deeply concerning and demonstrate how important it is to have a global approach to tackling the pandemic. Following the unanimous passing of an [emergency motion](#), proposed by BMA council chair Chaand Nagpaul at last week's virtual meeting of the World Medical Association in

South Korea, the BMA has called on the UK Government to do more to support countries tackling a worsening COVID-19 crisis. [Read the letter to the prime minister](#)

## Clare Wand Fund trustee elections (UK)

Nominations are now open for three trustees to the [Claire Wand Fund](#) 2021-2024. Any registered medical practitioner who is, or has been, actively engaged in practice as a general medical practitioner in the UK under the NHS Acts is eligible for nomination by an LMC representative. If you are interested in standing for election, please contact your LMC representative and complete the self-nomination process online via this [link](#). You will be asked to specify your nominating LMC representative during the online self-nomination process. We also ask that the nominating LMC representative confirms the candidates name via email to [elections@bma.org.uk](mailto:elections@bma.org.uk). An LMC representative may make not more than one nomination. If you are unsure of your LMC representative please click [here](#).

To participate in these elections you must have a BMA web account, if you do not have one please click [here](#) to create one. Please follow the link to 'request a temporary non-member account' and email your temporary membership number to [elections@bma.org.uk](mailto:elections@bma.org.uk). The deadline for nominations is 5pm Tuesday 11 May. To submit your nomination please visit <https://elections.bma.org.uk/>

Voting for these positions is only open to LMC UK conference representatives and will conclude on 17 May.

Kind regards  
Kent Local Medical Committee