



25<sup>th</sup> October 2021

Dear Colleague

Please see below our latest updates for your information:

### **Kent & Medway Finance Update**

The CCG have confirmed that they are to continue to pay block payments for Local Enhanced Services until December 2021. Public Health have also confirmed they will extend their additional payments for LARC to December 2021. The LMC are disappointed that they will not agree at this point in time to extend these measures to the end of the financial year, but we will continue to negotiate for this as the pandemic continues to affect day to day practice. The CCG have also confirmed that they will reimburse the cost of AccuBooks SMS messaging for the COVID Vaccination Programme and the following details re claiming were in their 19<sup>th</sup> October GP bulletin:

*As part of the Covid-19 vaccine rollout, increased SMS costs are able to be reclaimed from central funding.*

*Invoices will need to be paid directly by the GP practice/PCN and then a request for reimbursement, [using this form](#), will need to be sent into the CCG at [kmccg.svoc@nhs.net](mailto:kmccg.svoc@nhs.net) along with a copy of the invoice.*

*If you have any questions please contact [peterhodgson@nhs.net](mailto:peterhodgson@nhs.net)*

### **A Medway Hospital Medical Director Grand Round in collaboration with Kent Local Medical Committee: A day in the life of GP Practice: Presented by Dr Julian Spinks, Chair of Medway Practice Alliance - October 26<sup>th</sup> 2021 – 1pm – 2pm**

We are pleased to be joined by the Kent Local Medical Committee for this Grand Round

- What is the normal day for a GP
- How do we find ways of working in a busy and challenging interface between primary and secondary care
- How can we work together to make things flow better

This session is open to all Hospital Staff and General Practice across Medway and Swale. Please feel free to share the link with your medical, admin, management, therapists and nursing colleagues.

Microsoft Teams meeting [CLICK TO JOIN - A Day in the life of a GP in Medway](#)

### **Workforce Resilience - tell us what you need!**

The CCG, LMC and Training hubs are working together to understand what resilience support to roll out to practices in the future and we would value your input on the way forward.

There have been several options on offer (see: <https://www.kentandmedwayccg.nhs.uk/staff-wellbeing-support>) and we would like to understand more about what has worked for you and what you'd like to see benefit your colleagues and teams.

We would like to invite you to join a virtual meeting with CCG colleagues, chaired by Dr Farnaaz Sharief, at 1.00pm on Wednesday 3<sup>rd</sup> November to gather feedback to enable us to roll out resilience programmes that meet your needs.

To register a place to attend please click [HERE](#). A Microsoft Teams link will be sent to all those registered a couple of days prior to the meeting.

Before you join us, please share your thoughts with us by clicking on the following link and answering four simple questions <https://www.surveymonkey.co.uk/r/CJT3NY5>

We look forward to seeing you on November 3<sup>rd</sup> at 1pm for this very important discussion.

## Cameron Fund

As the GPs own charity the Cameron Fund support GPs working in the NHS (as well as GP Trainees and retired GPs) who find themselves in financial crisis. Please click [HERE](#) to watch a video which explains the fund's eligibility criteria and clarifies who they are likely to offer financial support to.

## Overwhelming rejection of government's 'rescue package'

As you will have seen from their message last week, GPC England has unanimously rejected the Government's 'rescue plan' which fundamentally failed to address the ongoing crisis in general practice. The committee called for GPs and LMCs to disengage in its implementation in line with the overwhelming view that you voiced to them in a snap poll last week. By this GPC mean they should not comply with the 'rescue plan' – which would mean spending more time on bureaucratic process, and complying with target driven league tables to 'name and shame' GPs. GPC are also taking steps towards industrial action over the Government's decision to impose plans on GP earnings declarations and forcing GPs to be involved in the Covid vaccination exemption process.

They believe that Sajid Javid, the Secretary of State for Health and Social Care, ignored GPs expertise and experience when he laid out his bully's charter and that patient care will suffer as a result, and are now calling on the Government to withdraw their plan and work with GPC to introduce a new contract which ensures general practice is properly funded, with safer workload and reduced bureaucracy, and ultimately provides better care and services for patients and vastly improved working conditions for doctors and their teams.

Read more about the response of GPCE and the actions that they are [taking](#)

Read their statement [here](#)

## Workload control in general practice

As it is clear neither the government nor NHSE/I show they understand the scale of the crisis impacting general practice, or have provided the necessary measures to support the profession at this critical time, The BMA would encourage practices to look again at their [Workload Control in General Practice paper](#).

In addition to the actions highlighted above, GPC England also resolved that practices should be encouraged to take actions to prioritise higher quality of care that delivers a safer service to our patients and protects the wellbeing of our workforce. Practices should not feel pressured to return to a traditional 10 minute treadmill of face to face consultations, that are neither good for patients nor clinicians. Instead, they should:

- Offer patients consultations that are 15 minutes or more
- Apply to close the practice list in order to focus on the needs of existing patients
- Stop all non-GMS work to give priority to GMS care
- Reject all shifted work from secondary care that has not been properly commissioned
- Don't accept additional NHS 111 referrals above the contractual 1 per 3000 patients
- Stop unnecessary cost based prescribing audits in order to focus on quality care
- Decline to do additional extended access sessions in order to focus on the core work of the practice

The BMA will provide more guidance in the coming days on what practices could do if NHSE/I and government fail to take the action needed to properly support general practice.

## Analysis of NHSE/I 'rescue package'

Following the GPC [initial response](#) last week to the NHSEI/government's '[rescue package](#)' – they have done some rapid analysis of each element of the package that shows just how many sticks there are. Their [analysis](#) shows what the package really means for general practice and highlights that it consists mainly of things NHSE/I and/or government has already stated or things that are already the case, and are clear that the few positives are completely outweighed by the impact of the negatives (often packaged as positives). GPC hope this will help explain just how damaging the package is and dispel any suggestion that this provides the necessary support for general practice.

All health systems have been told they must develop and submit a plan, by Thursday 28 October, assured by the ICS board. GPC believe CCGs and ICS managers should resist this punitive and damaging approach, and they know that many want instead work to support not punish practices.

The BMA have also updated their [General Practice factsheet](#) showing the facts and figures of the crisis.

These are also available on the BMA [Support your Surgery campaign page](#)

## GP declaration of earnings guidance

Ahead of the Government's [GP pay transparency](#) deadline of 12 November, which were introduced on 1 October, when the [GMS and PMS Regulations](#) were amended to require some GPs to self-declare their earnings, the BMA have now published [guidance on what this means for GPs](#).

They have already made clear their significant concerns about compelling GPs to publicly declare their NHS earnings over a certain threshold, especially in the current climate of threat, aggression and violence towards GPs. This will be damaging to morale among the profession, could lead to an increase in abuse targeted at individual GPs and will be wholly counterproductive in terms of the ability to recruit and retain GPs. The BMA have received reports of GPs already reducing their hours to remain under the threshold. GPs need to consider carefully the implications before making a self declaration.

As GPC England did not agree to this amendment to the regulations, they consider these to have been imposed on the profession and in breach of the original agreement. In addition, GPCE has resolved that it will seek support from BMA council to formally ballot members for industrial action over the Government's decision to impose this solely on GPs

## Supporting general practice against abuse

The BMA continues to campaign against abuse of GPs and their staff with their [Support Your Surgery campaign](#) to get the changes that are so urgently needed to support general practice teams.

The latest resource added to the campaign page is a [zero-tolerance poster](#) to show that assault on practice staff, threatening or abusive behaviour or damage to property will not be tolerated. Please continue to show your support by signing the [Support Your Surgery petition](#) to put pressure on the Government to support general practice and use the BMA resources to explain to patients why practices need to work in the way they are doing in order to protect patients from a rising incidence of COVID-19 and to make the best use of the available but limited workforce. You can also get involved in the [#SupportYourSurgery social media discussion](#) by sharing your support across social media.

Use the BMA [template letter](#) to write to your local MP to outline the current pressures being faced by GPs across the country.

Their [GP campaign factsheet](#) can be used to rebut the misinformation in the media and to proactively include in social media posts, letters to the local press or MPs.

## COVID vaccinations

### Next steps for vaccinations of 12 to 15 year olds

NHSE/I has published a [letter](#) setting out the next steps in the deployment of COVID vaccinations for 12-15 year olds, with vaccinations now being offered via the National Booking Service and mass vaccination sites (rather than PCNs) to support the school based programme. In a few areas where there isn't good geographic coverage, there may be a small number of PCNs who are asked to take part. This would utilise the [Enhanced Service](#) amendment which has already been agreed and would *only be on the agreement of both the commissioner and the PCN*. The majority of PCNs will not be expected to be vaccinating this group but to continue to focus on boosters, the at-risk 12-15s and third doses for the severely immunosuppressed.

## Government COVID antiviral strategy

On Wednesday the [Government announced](#) plans to roll out new anti-viral drugs via clinical trials over the coming winter months, with a view to deploying more widely in summer 2022. Trials have found the twice-daily tablet molnupiravir (Merck) cut the risk of hospital admission or death by about half- 480,000 courses have been secured.

A further 250,000 courses of PF-07321332/ritonavir (Pfizer) have also been secured, which is currently undergoing clinical trials with three Phase Two and Phase Three trials looking at the clinical effectiveness of the treatment currently underway.

The drugs reduce the severity of symptoms and speed up recovery time for those who test positive. The two new drugs are yet to be approved by the Medicines and Healthcare products Regulatory Agency.

## COVID-19 medical exemptions

A systematic medical exemptions process was introduced on 30 September, to ensure that those who, for medical reasons, should not be vaccinated (and/or be tested) for COVID-19 are not disadvantaged across certification use cases.

Given the need for clinical judgement and access to patient records, the Department of Health and Social Care have set up a system using 119 to initially assess patients and may then ask GPs, secondary care clinicians or midwives, depending on who is involved in the person's care, to assess applications. Steps have been taken to limit the number of applications reaching clinicians (e.g. no appointment required, pre-screening process).

Read the [guidance](#) detailing the process and clinical criteria and payment mechanisms (for GPs).

## PCN survey

Please complete the BMA PCN survey to tell us about the issues you are facing and how the pandemic has affected your work. Your responses will provide them with insights to share among PCNs. It is open to all clinical directors of PCNs across England and closes on 27 October. [Take the survey >](#)

## Management of IBS in primary care - survey

King's College London are currently carrying out research that aims to capture how Irritable Bowel Syndrome (IBS) is diagnosed in clinical practice by GPs and the dietary advice provided to patients with IBS. If you would like to participate in this short survey (no longer than 5-8 minutes) click [here](#)

Kind regards  
Kent Local Medical Committee