



Dear Colleague

Please see below our latest updates for your information:

Medway Primary Care Quality Standards Contract

Following the launch of the Primary Care Quality Standards (PCQS) in Medway, we wrote to Medway practices on 13 May as below. We recognise that some practices may not have been aware.

- For the period of Q1 2021/22 practices will be paid a block payment for the delivery of PCQS services, where historical activity existed
- This aligns with the block payment for other DES/LES services to guarantee practice income over the COVID period.
- In Medway as practice level historical activity did not necessarily exist please complete the attached Activity Monitoring Form for the months April, May and June and send to kmccg.pchealthoutcomes@nhs.net. **Please send June's return by Wednesday 14 July.**
- Payment will then be made based on activity.

The PCQS clinical system template and data extraction system to automate KPI reporting and invoice validation is currently in development using APEX and Ardens.

While this remains in development and for those without APEX please use this [Guidance for PCQS Coding](#). The document illustrates the correct SNOMED codes for each of the PCQS services which is also detailed within the service specifications.

Once the template is made available, practices will need to use the clinical system template and data extraction system, as this will make it easier for you to code and get paid correctly for the activity.

Lantum Local Bank for Kent and Medway

Kent and Medway CCG has partnered with Lantum to create a system wide, multidisciplinary staff bank. The new staff bank is a pool of vetted staff that all practices across Kent and Medway can share open shifts with, making it even easier for you to book locum work in your local area. This staff bank is now available to be joined by GPs, Practice Nurses and ACPs looking to supplement their normal working routine with additional shifts.

Here are some key things you need to know about joining the staff bank:

What is Lantum?

Lantum is a healthcare workforce platform that aims to unite all clinicians with their healthcare organisations, so that they can deliver the best patient care.

What are the benefits for me?

1. Book work instantly

- Update your profile, set your availability and immediately apply for shifts.
- Use job search filters to see sessions that suit your location and availability.
- Receive session notifications that match your skills and preferences.

2. Digitise your diary and get paid the next day

- View your booked jobs and availability, anytime, anywhere.
- Save time chasing payments using Lantum's next-day payment feature, Rocketpay, available for free until the end of June.
- Have your timesheets approved and stored online.

3. Build trusted relationships with practices:

- Make it easy to see sessions from your favourite practices, by following them on the app.
- Practices can request you for specific shifts, based on your availability.
- Communicate with practices directly via Lantum's messaging centre.

Next steps:

1. Create your account at https://info.lantum.com/kentandmedway_staff
2. Upload your clinical governance documents for approval (passport, CV, DBS).
3. Once approved, head to 'Find Work' on your Lantum profile and search for shifts in your preferred area.

As with all locum work, tax contributions are not deducted by Lantum so ensure that you are registered correctly with HMRC - you can read more on [the Gov.uk website](#).

If you have any questions, or need help getting started, please contact Lantum directly at support@lantum.com.

LES for ADHD Monitoring for Primary Care - Kent and Medway Wide

A Kent and Medway wide shared care agreement for Adult ADHD prescribing has been agreed and the CCG have emailed practices as to whether they would like to sign up to the agreement. The tariff is less than was previously agreed across some of the legacy CCGs.

Concerns have been raised by some LMC members that the tariff is not sufficient to cover the costs. We remind practices that shared care agreements are voluntary and encourage all practices to respond to the CCG email, whether positively or negatively. This will allow any gaps in service to be recognised and addressed.

Delay in Roll-Out of Patient Data Sharing Programme GDPR

It was announced in the [Parliamentary health questions](#) earlier this week that the planned roll-out of the GP Data for Planning and Research (GDPDR) would be delayed by two months, from 1 July to 1 September 2021.

This follows extensive engagement by BMA and RCGP with NHS Digital and a direct meeting with the health minister, [calling on NHS Digital and the Government to delay the introduction](#) of their new data programme until patients and the public have had time to be aware of and understand the programme and choose to opt-out if they wish.

The BMA and RCGP made it abundantly clear to both the Government and NHS Digital that this programme needed to be delayed to allow for a proper in-depth public information campaign to give the public a chance to make an informed decision about whether they want their data collected as part of the new GP data extraction programme. There was insufficient time until the first extraction to allow for the public and patients to have a proper understanding of what the programme was intended for and to give enough time to make fully informed choices on whether they should opt-out or not. It is clear that previous communications from NHS Digital on this programme had been either inadequate or non-existent.

While data sharing plays a key role in planning and research as well as developing treatments, the crux of the GP-patient relationship relies on trust, transparency and honesty, and therefore allowing the public and patients to make fully informed decisions is paramount.

It is important that the Government now takes full responsibility for ensuring that there is an adequate public engagement ahead of the roll out so that all patients across England can make an informed choice. The BMA will also continue to hold NHS Digital to account, to ensure that there are appropriate safeguards in place as to how the data collected is used, and that the views of the profession are represented in all discussions pertaining to patient data.

Read the BMA's full statement about the announcement to delay [here](#).

Find out more on the [BMA twitter page](#)

Covid-19 vaccination programme

The [COVID-19 Vaccine Enhanced Service specification](#) has been updated to include the following amendments:

1. Introduction of a 3 month-maximum period for payment claims.

From the beginning of June, the deadline for practices claiming payments for COVID-19 vaccinations will be 3 calendar months following the calendar month in which the vaccination was administered, to ensure good financial governance.

2. Restriction for PCN groupings to use a single Point of Care system.

To minimise the risk of duplicate payments resulting from a PCN grouping entering vaccination events on two Point of Care systems simultaneously, PCN groupings can now only use a single Point of Care system within a single calendar month to enter new vaccination events (except for changes to existing events or during the transition period to the new Point of Care system).

3. A change to permit the administration and payment claim of a single dose vaccine

With the introduction of new vaccines that can be given as a single dose, the specifications have been amended to allow the administration and payment claim of a single dose vaccine.

Vaccine cohorts

Those aged [25 or over](#) (within cohort 12) are now eligible for the COVID-19 vaccines and will be receiving texts inviting them to book a vaccination via the national booking service, at an NHS vaccination centre, pharmacy or GP vaccination site. Sites should also continue to work through vaccination of cohort 11 who are yet to receive their first dose.

COVID-19 vaccination: accelerating second doses for priority cohorts 1-9

In addition, sites should continue to [bring forward the appointments for a second dose of a vaccine from 12 to 8 weeks for the remaining people in the top nine priority groups](#) who have yet to receive their second dose.

Funding and support for COVID-19 vaccination sites

NHSE/I has published a document outlining the [funding and support available for PCN and Community Pharmacy-led COVID-19 vaccination sites](#). This includes an additional £20 million to ICS/STPs to support primary care providers to draw down additional staff to help deliver the COVID-19 vaccination programme between 16 June and 14 July 2021.

Vaccine data

Nearly [70 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and nearly 29 million have also received their second dose. Over 70% of all doses have been delivered by general practice teams. It is through the hard work and dedication of GPs and their staff that the UK is emerging from the restrictions imposed by the coronavirus crisis.

Read our [guidance page about the COVID-19 vaccination programme](#)

Extending the medical examiner into primary care

The National Medical Examiner (NME) and other parties this week published a [letter](#) announcing the extension of the medical examiner (ME) scrutiny to non-acute settings. The new ME system is likely to be enabled through primary legislation (the Coroners and Justice Act 2009) and is due to be implemented across England and Wales through statutory instrument.

Due to the multinational aspect of the roll-out, the BMA's Professional Fees Committee (PFC), which retains negotiations in all four nations, have been involved in the discussions on how to best implement the new arrangements with the aim of minimising both the financial and operational impacts upon GPs and their practices. There have been two small trials of the ME system in primary care in Gloucestershire and the results are not yet published.

The letter presents a significant shift in the pace of implementation in primary care. The BMA is looking to analyse any secondary legislation which may underpin the new ME system. PFC has contacted the National Medical Examiner to clarify the plans and exact legal status of his letter.

The PFC will keep members updated on this developing issue.

[Click here](#) for details of the implementation of the Medical Examiners in Primary Care in Kent and Medway.

New PCSE pay and pension system update

PCSE's new pay and pension system was launched on 1 June and 3,500 GPs have logged onto the system so far. We would urge all GPs to log on and check their details and data ahead of the any need to use it. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity.

The BMA have been made aware post-launch that PCSE don't have contact details for approximately 6,000 GPs. They assure us that they are working on solutions for this but we would advise any GP who haven't received one or more emails from PCSE since 30 May giving access to the system contact pcse.user-registration@nhs.net in the first instance.

In the same period around 2,500 practices have logged on to the system and allocated roles to their own users. We would encourage all practices to do this and ensure that all details and data are correct at the earliest opportunity, [reporting any issues to PCSE](#).

The BMA have been meeting with PCSE almost daily since launch and have raised myriad of issues relating to missing and incorrect data along with poor usability. They are concerned about the volume of these issues but have been assured that they are all being addressed. The BMA will continue to monitor and pursue the progress of this and other remedial work over the coming weeks.

We will continue to update practices on a regular basis.

PCSE have posted user guidance for [practices](#) and [GPs](#) on their website. We would encourage users to make use of them.

GP Registration for un/under-documented migrants

GPC England would encourage practices to use the Safe Surgeries [toolkit](#) developed by Doctors of the World (DOTW). The toolkit - endorsed by RCGP and RCN - is an accessible presentation of existing DHSC and NHSE guidance and supports clinical and non-clinical NHS staff to promote inclusive care through GP registration. Notably, it aims to address specific barriers to primary care faced by vulnerable, un/under-documented migrants by ensuring that GP practices are aware of all relevant guidance and rules. This includes, for example, that patients should not be turned away if they lack a proof of ID, address, or immigration status.

GPs and practices are encouraged to consider and adopt the recommendations set out in the toolkit, particularly as it is now more important than ever that patients are registered with a GP. GP registration will likely mitigate the effects of the pandemic on health inequalities by improving equitable access to care and ensuring that marginalised and excluded communities are not missed in the COVID-19 vaccine roll-out.

DOTW also offer FREE [training](#) to clinical and non-clinical NHS staff that aims to improve awareness of migrant entitlements to NHS care and enables staff to better advocate for their patients.

PCN Funding (England)

GPC England has had some concerns from practices about payments for IIF for 2020/21. NHSE/I has informed us that this is in progress and calculations of achievement will be available for declaration within CQRS on or around 11 June, with PCN declaration required by 24 June, and payments being made before 31 July.

Pension guidance for retired doctors - reminder

From 25 March 2020, due to the COVID-19 pandemic, the [UK government's emergency legislation](#) temporarily suspended some of the regulations governing the administration of NHS pensions, allowing doctors who have recently retired from the NHS to return to work, and for retired doctors who had already returned to work, to increase their commitments without affecting their pension benefits.

These measures include the temporary suspension of the 16-hour rule when members of the NHS Pension Scheme take retirement.

Following the end of the COVID-19 outbreak, a six-month notice period will be given to staff and employers at the end of which the suspended regulations will take effect again. Staff and employers will therefore have six months' notice to readjust their working patterns, where necessary.

Read more in the [NHSBSA guidance on the rules currently on hold](#)

Deadline for the EU SETTLEMENT SCHEME - 30 June

The deadline for applications to be made to the EU Settlement Scheme (EUSS) is 30 June 2021.

If you are a doctor currently in the UK and arrived before the 31 December 2020, you must apply by 30 June. It is free of charge, and in applying and being granted pre-settled or settled status, you will have secured your rights to continue living and working in the UK.

In addition, an application must be made for every eligible child within your family. If you and your family members have lived in the UK for many years or have a permanent residence document or EEA Biometric Residence Card (BRC), you still need to apply to the EUSS (or apply for British citizenship) to secure your existing rights in the UK.

[Apply on GOV.UK](#) and check your immigration status [here](#)

Making an Application for a Premises Improvement Grant – Do's and Don'ts (Webinar)

Join the LMC and Invicta Surveyors' Rosemary Jones for a lunchtime webinar on Making an Application for a Premises Improvement Grant – Dos and Don'ts

CCGs have recently announced release of capital funding to carry out premises improvements, with more to follow during the year. This is a great opportunity to carry out premises improvements to help with compliance matters and to ensure you receive the correct funding for them. Attending this webinar will take you through the information needed and the process involved in making a “right first time” application. Some practical examples of where things can go wrong as well as examples of successes. Book your place [here](#).

Kind regards

Kent Local Medical Committee