



Kent Local Medical Committee

Supporting list based personalised care, the partnership model and meaningful collaboration

Dear Colleague

Please see below our latest updates for your information:

New PCSE pay and pension system update

PCSE's new pay and pension system was launched on 1 June and the BMA have been contacted by concerned practices and GPs about the disparities in information and the difficulty in finding the relevant information on the system. They would urge all GPs to log on and check their details and data. Any errors or issues identified should be **raised with PCSE** at the earliest opportunity. The BMA have been informed of the following which is very concerning:

- PCSE don't have contact details for approximately 6,000 GPs. PCSE assures us that they are working on solutions for this but we advise any GP who haven't received any email from PCSE since 30 May giving access to the system, to contact pcse.user-registration@nhs.net.
- Past statements migrated to the new system are not showing the same level of detail as previously. PCSE have informed the BMA that they are working on this but advise that users can still access those statements in full on Open Exeter in the meantime. This is not a satisfactory situation and the BMA will be pursuing it until it is resolved.
- Around 1,000 practices have not yet received their QOF achievement payments for this month. PCSE are adamant that they have a solution for this and are working to ensure these payments are made this month, within contractual timeframes. They have written to affected practices.

The BMA continue to meet regularly with PCSE to raise issues relating to missing and incorrect data along with poor usability. They are extremely concerned about the volume of these issues and have raised these with PCSE to resolve them urgently. The BMA will continue to monitor and pursue the progress of this and other remedial work over the coming weeks.

PCSE have posted user guidance for **practices** and **GPs** on their website. The BMA would encourage users to make use of them.

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.

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](#).

Guidance to support people who feel anxious about attending for cervical screening

PHE has published a national information resource to support people who feel anxious about attending NHS cervical screening appointments. In developing the resource PHE has worked with service users and health professionals from The Havens network of specialist sexual assault referral centres to ensure the content and language used is inclusive and acceptable to those who will benefit from it. Although the content is based on the information used in the standard national leaflet for the programme, it also includes additional guidance on:

- Booking the screening test, including pre-visits, early morning appointments and longer appointments
- Planning your journey to the appointment
- Questions to ask the health professional taking the sample
- Other support services

To accompany the guidance PHE has also published a checklist which service users can complete and take to their screening appointment to help inform the sample taker of any extra support they may require.

The guidance and checklist are available here- [Cervical screening: support for people who find it hard to attend - GOV.UK \(www.gov.uk\)](#). Please could you promote these resource sources amongst your providers of NHS Cervical Screening Programme services.

GP Appointment Data (England)

The [GP appointment data for April](#) in England was published yesterday, with revised data so that it now also includes COVID vaccinations delivered via general practices. The figures for April 2021 (23.8 million) are very similar to those in April 2019 (23.85 million), but with an additional 7.5 million appointments for COVID-19 vaccinations.

There were also more appointments being seen within the same or next day (13.1m vs 11.8m), and within a week (18.2m vs 16.2m), compared to April 2019 as well despite the additional workload from the COVID vaccination programme.

This highlights the immense pressures that GPs and their teams continue to operate under, as they battle to provide care to their communities alongside the ever-increasing workload generated by the pandemic and associated backlog of patients needing care.

It is testament to general practice that in April, the majority of appointments were done the same day as booking. The number of consultations taking place after a two-to-seven day wait is going up, which is a sign that practices are responding appropriately to the needs of their patients who want to wait for a specific timed appointment, often face-to-face. However, it could also be an indicator that practices are struggling to meet same day requests, and illustrates the serious toll that increased patient demand is having on surgeries across the country, and how much harder it is for GPs to give patients the timely care they need. Read the full BMA statement [here](#) and on their [twitter page](#)

Time to end NHSE/I directive letters

In a recent BMA [letter to the Secretary of State for Health and Social Care](#) in England and their follow up urgent meeting with him, they stated a need to see an end to directive letters from NHSE/I, and instead allow practices and other GP services to provide patient care in the most appropriate manner, meeting the reasonable needs of their patients and based on their knowledge of their local communities.

It is therefore positive to see affirmation that they are starting to be heard. They have now received a [reply](#) from the Secretary of State, in which he 'thanked all general practice staff for the incredible work we have been doing since the start of the pandemic to deliver essential care and support to all patients', acknowledged the pressures the profession is facing and also confirmed the intention to 'move away' from the use of SOPs as 'we transition further out of the pandemic.'

This was further reiterated by NHSE/I in their [bulletin issued on 15.6.21](#) which says their current approach is a temporary one not a permanent fixture and that when the government is finally able to move to Step 4 of its easing of lockdown plan, now potentially in July, the need for SOPs could end. They were also clear that SOPs are only guidance, not contractual documents, something the BMA have made clear to practices.

In addition, in a recent interview in [Pulse](#), Nadhim Zahawi MP, the vaccines minister in England, talked about the 'tireless dedication' of everyone in Primary Care involved in the vaccination programme, recognising how much pressure it had placed the profession under.

These are all small but positive steps in the right direction but there is clearly much more that they need to do.

Long-covid and weight management enhanced services (England)

NHSEI have published two new [enhanced services](#), relating to long-Covid and weight management. In addition, and following BMA lobbying, they have also confirmed a further welcome extension to pay the full sessional payment to PCN clinical directors, recognising the significant workload they have been carrying.

Whilst the additional support for practices to help care for patients with long-Covid has some merit, it does not recognise the need for support for those in the general practice workforce who need access to occupational health services, or practices that need financial support to enable them to better help colleagues on prolonged sick leave. This must still be addressed if we are to reduce the loss of much needed members of our workforce.

The weight management enhanced service will present practices with additional work at a time when practices are already stretched to the limit. The BMA also have concerns that this service specification is overly bureaucratic, further micromanages clinical consultations, is clinically flawed and demonstrates a lack of trust in GPs and their teams to do what is best for patients. Furthermore, it is not clear that local weight management services have the necessary capacity to respond to increased referrals. This could have been an opportunity for NHSE/I to demonstrate their commitment to be less directive and for government to take much more meaningful steps to address the underlying factors that lead to obesity, but they have failed to do that. You can read the [BMA press statement](#) on this.

Workload crisis

As all of us who work in general practice are only too well aware, our profession is in crisis. We are faced by a profound [workload crisis](#) which has been in the making for years. While GPC England will continue to campaign at a national level for the resources and workforce levels

which primary care needs not only to flourish but simply to survive, it is now abundantly clear that we cannot wait for others to resolve this.

However, GPs as independent practitioners are innovators and have the ability to manage their practice in the way they think best meets the needs of their patients, and as we have demonstrated during the COVID-19 pandemic, and through our delivery of the largest vaccine programme in the history of our nation's healthcare, that when GPs are **trusted to lead** they can do incredible things.

Simply put, the response from GPs and their teams to COVID-19 is compelling evidence of what can be done when practices are afforded the trust, autonomy, flexibility and freedom to act as the leaders of the profession in their local communities, acting in the best interests of their patients.

To help GPs to push back against the unmanageable and inappropriate workload demands which we are faced with, GPC England previously published **Workload control guidance**.

The information in this guide will arm practice managers and GP partners with a range of practical tools to reduce your practice's workload. The benefits of implementing this strategy include helping to define what unacceptable and dangerous workload looks like, improved GP morale and wellbeing, locality working with CCGs and practices providing support, and integrated primary care systems giving general practice a stronger voice.

This **guide** will help you to agree quantitative limits to individual safe practice for GPs. Appropriate limits on workload will depend on the unique circumstances of each practice and the preferences of each individual GP, as well as the complexity of care being provided. There will also be variation in the amount of spinoff work depending on the complexity of the case mix and also on the contractual status of the doctor.

PCN Handbook (England)

The new PCN handbook for 2021/22 has now been published and is available on the **BMA website**. The handbook has been updated to include the changes agreed as part of the **2021/22 GP contract**, including additional ARRS workforce and new PCN service specifications, as well as other operational aspects. The full service specification setting out the requirements of the PCN DES for 2021/22, as well as further guidance, is also available from **NHS England**.

Long COVID NHS plan for 2021/22 (England)

NHSE/I has this week published a **Long COVID plan for 2021/22** which outlines the 10 key next steps to be taken to support those suffering from long COVID. The plan is underpinned by a £100million investment, £30million of which will go towards the enhanced service, highlighted

above, for general practice to support patients with long COVID. The remaining £70million will be used to expand other NHS long COVID services and establish 15 new 'paediatric hubs' to coordinate care for children and young people who are suffering from the condition. These hubs will have specialists who can directly treat the children and young people, advise GPs or others caring for them or refer them into other specialist services and clinics. The plan, which builds on the five-point plan for long COVID support outlined by NHSE/I last year, also highlights the need for equity of access, outcomes and experience in long COVID support.

However, the BMA remain concerned about the need for more help for members of the workforce with long COVID and for practices that need to support them, and continue to call for the government to provide a compensation scheme to support healthcare staff and their families who are living with long COVID.

COVID-19 vaccination programme

Acceleration of second doses for cohort 10 and plans for inviting the remainder of cohort 12

NHSE/I has published a letter advising that appointments for a second dose of the COVID-19 vaccine will be brought forward from 12 to 8 weeks for the remaining people in cohort 10 (40-49 year olds) who have yet to receive their second dose.

The letter also includes an update on inviting the remainder of cohort 12 (18-24 year olds) to book their COVID-19 vaccinations, availability of support to meet challenges to system capacity and information about a webinar to discuss the new developments.

People aged 18 and over in England are now eligible and will be invited to book their vaccination appointments through the National Booking Service or by calling 119. It is expected that all adults in England will shortly be eligible to book an appointment. However, the BMA do have concerns that the limitations on availability of Pfizer and Moderna vaccination will mean many young adults will have to wait a number of weeks before being able to get this much needed protection.

Funding and support for COVID-19 vaccination sites (England)

The NHSE/I document on funding and support available for PCN and Community Pharmacy-led COVID-19 vaccination sites published last week, asked CCGs to seek to minimise any burden associated with locally commissioned services where these do not support COVID-19 vaccination and COVID-19 related activities.

Nearly 73 million doses of COVID-19 vaccines have now been delivered in the UK, and over 30 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 the BMA [guidance page about the COVID-19 vaccination programme](#)..

Delay in roll-out of patient data sharing programme (GDPR) - England

It was announced in the [Parliamentary health questions](#) last week that the planned roll-out of the GP Data for Planning and Research (GDPR) in England 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 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.

Along with the RCGP the BMA have 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. They knew 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 the BMA understands that data sharing plays a key role in planning and research as well as developing treatments, they also know that 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.

Following the announcement, the BMA have had exploratory meetings with NHS digital to consider next steps, and will continue to work with them, 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 full BMA statement about the announcement to delay [here](#)

Proposed changes to annual complaints collection (K041b form)

NHS Digital has published their [response to their consultation on the proposed changes to the annual complaints collection \(K041b\)](#) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review NHS Digital paused the collection of the 2019/20 KO14B

form, from general and dental practices, but have now confirmed that collections will resume from the 9 August to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

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](#)

BMA COVID-19 guidance

Read the BMA [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#)

Kind regards

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