



Kent Local Medical Committee

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

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Dear Colleague

Please see below for your information the latest links, updates and current information relating to Covid-19.

Workforce Minimum Data Set (WMDS) Return

We understand you are receiving reminders that this return has to be completed by 31st March. In light of the COVID19 emergency the BMA are advising practices to ignore the request which would have been an automated email. This is not a priority under the current circumstances and can be put on hold. We have also advised the CCGs that we are giving out this advice and asked them not to start chasing practices for this.

Managing End of Life and Death during the Covid 19 Outbreak

The coroner has sent out a useful [letter](#) . This allows us to issue death certificates without physically attending in the last 14 days of life. Some care and nursing homes still call for 'coroner avoidance visits'. These are not necessary.

There is no legal requirement for a qualified medical practitioner to pronounce life extinct. Many organisations have policies that insist on the attendance of a medical professional. It has been BMA policy for a long time that GPs should not have to attend Care and Nursing homes to pronounce life extinct. In order to make this process easier we have produced a [template letter](#) that you can add your practice details to and send to care homes.

The emergency legislation enacted this week allows for cremation without the second doctor signing form 5 (Part2).

Covid-19 Update on emergency changes to Public Health Services

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John Allingham met with Public Health. This is a short summary of the key issues that affect General Practice.

Finance

There is conflicting information in the national guidance, but we have asked for the services commissioned by Public Health and provided by practices but temporarily suspended to be paid at historical levels of activity to keep practice cash flows going. This is being looked at and we will update as soon as we know. This includes NHS Health checks.

Sexual Health Services

All requests for services are now being triaged before being seen. Some satellite services being shut down and centralized. Details on KCC website.

A lot of requests are being received for contraceptive services. Please can practices try to continue to provide contraception. It may be we issue without an in-date pill check on a temporary basis

IUCDs are being extended by a year. Thus, a recommended change at 3yrs becomes change at 4yrs and so on. Women's Health contracts are being re-issued and payments will continue for practices still providing the service.

Emergency Contraception

Some Pharmacists have stopped providing this service as they are overwhelmed by repeat prescription requests and staff shortages. This free to the under 30s. Condoms are also provided free to Under 25s and this service is also stretched. **Chlamydia screening** can also be accessed online.

The 'Your sexual health matters' website remains up to date and operational and patients can be directed to this for services that are currently restricted.

Substance Abuse

Service remains operational and taking new referrals. It is seeing increased activity. Some supervised consumption is shifting from daily to weekly or fortnightly **this may be a safeguarding issue where methadone is being kept with vulnerable patients.**

NHS Health Checks

Total suspension of service (see above re finance).

Smoking Cessation

Many pharmacies are suspending services. Where limited priority is being given to Pregnant Women. Practices should consider relaxing rules about prescribing nicotine replacement especially to pregnant women.

Health Visiting

Priority is being given

- To ante-natal contacts via phone
- To post-natal contacts -may be phone or face to face
- To abuse

Development checks are suspended. We recommend practices continue to provide 6-8 week baby checks prior to immunisations. I have asked that Health Visitors liaise with practices. Where a Health Visitor has seen the baby and has no concerns it may be pragmatic to skip the 6-8 week check.

Infant feeding support services will be online

School Health

Service is still taking referrals notably via Single point of Access for emotional wellbeing issues. There will be a more detailed bulletin going out from Public Health.

Cervical Smear Update

The current advice is that if you have the staff and capacity you should continue to provide a cervical smear service. The samples are still being processed for Kent and Medway. Protection of staff and patients remains a priority and must be considered. The situation is under review and the guidance may change.

PCN DES - GPC Update

NHS England released a letter last week relating to contract changes in England due to the escalating crisis we are facing. GPC England has produced [guidance](#) about what practices can stop and other measures that practices and PCNs can take to focus on managing the current situation.

The PCN DES has been changed considerably in response to this emergency. It still supports practices to work in PCNs, and this is now more important than ever. The funding streams remain guaranteed, crucially to support workforce expansion and support for CDs who will be taking a key leadership role during this current crisis. The service specifications have been delayed or can be delayed due to COVID-19 taking priority. The IIF has been abandoned for at least 6 months, if not for longer, in favour of providing the equivalent funding for PCNs to use to support their COVID-19 related activity. The GPC will be engaged with NHS England over the coming days as the situation develops to ensure any further changes required are implemented.

Practices still have until the end of May to confirm their sign up to the DES. As the situation is so different from last week when the special conference of English LMCs was held the GPC would now encourage practices to do this as early as possible to ensure funding flows and collaborative working arrangements are in place during this extremely challenging period. The GPC is aware that some CCGs have asked for earlier confirmation, and where possible they would encourage practices to respond, but the final deadline will be 31 May. However the DES does remain voluntary.

With the recent changes the PCN DES Specification is still being finalised but will be released very soon so you will be able to then see the detail of what has changed.

Pharmacy Opening & Ways of Working

Like General Practice, some Community Pharmacies may begin to work in different ways this week to help protect their teams, patients and the public – largely in response to huge increasing workload of walk-in patients, minor illness, access to medicines (prescription & OTC), picking up additional workload as practice front desks are closed etc. This may include:

- Limiting the number of people within the pharmacy at the same time
- Sectioning the pharmacy to encourage social distancing (at least 2 metres) for people coming into the pharmacy with floor markings (using tape) or barriers (if possible)
- Using a hatch (mainly for out of hours pharmacies) then using that for pick up and drop offs

Pharmacies will remain open wherever possible, but you may see that some are now having to reduce the hours during which they can admit members of the public.

This is to ensure that pharmacy teams time for cleaning, to safely deal with high volumes of work, allow time for teams to briefly recover before going again.

Pharmacies may close their doors to the public for up to 2.5 hours a day, including lunch, however

- Community pharmacies are expected to be open to the public between 10am-12 noon and 2pm-4pm as a minimum (if these are contracted core or supplementary hours).
- Similarly, 100 hours pharmacies should be open from 10am–12pm and 2pm–6pm as a minimum.

This has been agreed with NHSE & I and more detail is here <https://psnc.org.uk/our-news/updated-covid-19-sop-and-opening-hours-flexibility-statement-from-psnc-cca-npa-and-aim/>

There may be longer closures for deep cleans or immediate staff sickness issues. In addition, some community pharmacies situated in other premises, for example, GP practices, supermarkets and shopping arcades may have other reasonable cause to close, due to circumstances beyond their control.

In these situations pharmacies are required to make arrangements with one or more NHS community pharmacies situated in the same area, inform local GP practices and the NHS England Regional Team.

Kind regards

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