

31 March 2020

For general practice in Kent and Medway: **COVID-19 Update 5**

COVID-19 updates and your questions

This is the fifth update provided by the Kent and Medway CCGs to give you information that can help practices cope with the unprecedented situation caused by the COVID-19 pandemic.

Firstly, we probably all need a reminder to make sure that we look after ourselves as pressure builds on the NHS and us as individuals. There is free, confidential advice available from the [NHS Practitioner Health Service](#). The BMA also has [wellbeing support services](#). Kent LMC can also assist individual practitioners and practices. Please contact at info@kentlmc.org or ring 01622 851197.

Secondly a list of verified offers and discounts that have been offered to NHS staff has been pulled together. The list includes all of the offers across supermarkets, food and transport. It will be updated regularly with any changes and new offers. <https://www.england.nhs.uk/coronavirus/publication/list-of-nhs-staff-offers/>

Highlights: in IT section there is news on remote working using “Away From My Desk” and we also have some information about emergency ordering of PPE. There will be more information sent out tomorrow about PPE.

NB The information in these updates is up to date when sent out but it is always important to check that this reflects the most recent guidance by following links.

We acknowledge this is a difficult time for all those staff working in primary care and we would like to thank you for all of your hard work and dedication in this challenging time.

Caroline Selkirk

Navin Kumta

Communications

Kent and Medway CCG COVID-19 GP email address

Thank you for continuing to use the central COVID-19 inbox to raise COVID-19 related questions and issues: Wkccg.gpsCovid19@nhs.net

Remember please do not share confidential patient information through this email. It is also not for clinical advice.

NHS bulletins and letters

NHS England and NHS Improvement are now producing a daily bulletin that gives a national update. It has useful national level information that complements this local update. We would urge you to sign up here: <https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/>

NHS England and NHS Improvement are also sending out letters direct to GP practices. On Friday 27 March the letter from NHS England and NHS Improvement produced a detailed update that we wanted to draw your attention to as it gives full guidance on COVID-19 Primary Care Operating Model and implementation within general practice. This letter (and past letters) can be found here: <https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-general-practice/>

Webinar

NHS England and NHS Improvement are hosting another primary care webinar on Thursday 2 April 5pm-6pm. You can sign up to all future (and find information about past) webinars here: <https://www.england.nhs.uk/coronavirus/primary-care/other-resources/webinars/>

Weekly overview of Kent and Medway NHS response to COVID-19

Kent and Medway CCG produce a weekly update that will go to all staff and external stakeholders about how the NHS across Kent and Medway is responding to COVID-19. It will include updates on key pieces of work and changes which are being made to patient services to support prioritising COVID-19. The first edition was published on Saturday and is available on the new [KMCCG website](#). The plan is to publish on Thursdays.

Clinical

Hot and cold sites guidance

Earlier today (Tuesday 31 March) Guidance and Standard Operating Procedures for Kent and Medway Hot & Cold Site/COVID-19 Primary Care Assessment & Treatment Facilities was sent out from the email used to send out this update.

This is a key document in the effort to control COVID-19. It sets out the methodology that will be used to make sure that contact between patients requiring primary care with COVID-19 symptoms, (including those who reside with others that have these symptoms), and those without COVID-19 symptoms is minimised, in order to reduce cross-contamination and spread. We are aware that some of the links are broken in the document – this will be fixed and the document recirculated.

The LMC have been very helpful in the production of the SOP. The CCG will continue to work with the LMC to ensure minimal disruption while setting up the services and in resolving issues raised by practices.

Primary Care Directors will lead this work in partnership with their local Primary Care Networks and practices supported by your local Primary Care Team.

RCGP Guidance on workload prioritisation during COVID-19

RCGP guidance has been developed for clinicians working in general practice in the UK. It should be read alongside guidance from the BMA on workload prioritisation dated 19 March. During the development of this guidance consideration was given to work that is essential to maintain public health and that which is unlikely to cause harm if delayed for approximately a short number of months. It is not an exhaustive list of GP workload and is not intended to replace clinical judgement for individual patient cases.

<https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP%20guidance/20200323RCGPGuidanceprioritisationroutineworkduringCovidFINAL>

Flu Vaccine ordering for 20/21 Flu Season

Given the COVID-19 response and potential for increased demand in the 2020/21 flu season, it is important for all practices to ensure they have ordered sufficient quantities of the most effective adult flu vaccines for their registered populations now. Protecting those most at-risk of respiratory complications and/or severe

disease is a priority. Given the current situation, flu vaccine manufacturers have extended the ordering period. If you have any queries, please contact your CCG Flu Lead or Screening & Immunisation Team via their generic Kent & Medway inbox – phst@nhs.net

Vulnerable Patients

Last week, letters were sent to extremely vulnerable patients with advice on how to access care and protect themselves from Corona Virus. The advice is for patients to stay at home at all times and avoid face-to-face contact for at least 12 weeks. Further information on list of diseases and conditions considered to be at very high risk can be found here: <https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/>

This cohort of patients were identified centrally and flagged in practice IT systems. Please note it is known that there are limitations to the data extract and additional patients will be identified and updated in coming weeks.

GPs should have received a report from their system supplier. This report can be run locally on your practice IT systems. If your practice has not yet got your patient flags, or report, please contact your IT system supplier and let us know immediately, via: England.covid-highestrisk@nhs.net

Guidance for practices using EMIS:

https://www.emisnow.com/csm?id=kb_article_view&sysparm_article=KB0064137&sys_kb_id=2abae931db37cc10a643d278f4961970

Guidance for practices using VISION: <https://www.visionhealth.co.uk/> and click on link on front page

Once you know who has been sent the letter practices are asked to identify any additional patients who meet the criteria, patients considered to be in the highest risk category should be advised to shield. A template letter can be found [here](#) for you.

Shielding extremely vulnerable groups – possible increase in calls to GPs

National guidance on shielding extremely vulnerable groups was updated online on 24 March. The guidance includes advice for people to contact their GP in certain circumstances:

“Shielding is for your personal protection. It is your choice to decide whether to follow the measures we advise. Individuals who have been given a prognosis of less than

6 months to live, and some others in special circumstances, could decide not to undertake shielding. This will be a deeply personal decision. We advise calling your GP or specialist to discuss this.”

The guidance is available at <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Referral Advice

We are aware that the major changes to referral processes are making it very difficult for general practice to operate. We are seeking a better way of giving you access to this information but in the meantime, you will find updates below from providers who have notified us about changes.

Kent and Medway - Wet Aged related Macular Degeneration follow up injections

Patients who are symptomatic for COVID 19 and are in self-isolation should not come to clinics. The risk of significant sight loss in those patients who are already undergoing treatment in the community AMD services is very low with 7 days delay in their injection. These patients should be re-booked as soon as they have completed the isolation timeframe and are showing no further symptoms.

Medway

Medway NHS Foundation Trust (MFT) has made changes to routine referral pathways arrangements and outpatients' appointments to prioritise its most urgent services. Information about paediatrics will follow and we will update GPs if further changes are made.

- As many existing outpatient appointments as possible have moved to virtual/phone appointments.
- GPs are asked not to refer patients for routine outpatients appointments without a good reason.
- Please do not refer any patients for any non-urgent imaging.
- GP walk in service for Plain Film imaging is available for chest x rays and query fractures only. However, if a patient is self-isolating/symptomatic they should not attend.
- Referrals on the two-week wait (2ww) pathway are continuing but please ensure that patients meet the 2ww criteria ahead of referring. Please do not refer urgent

patients under 2ww as this will overwhelm the service. We are currently reviewing the new guidance from the BSG regarding Endoscopy which states that only emergency procedures are carried out and 2ww/urgent tests are ceased at this time.

- All routine symptomatic referrals and all bowel screening are suspended.
- Routine breast screening is suspended.

Medway - Cardiology

Only refer urgent cases which will be triaged as soon as possible, and telephone appointments offered where clinically indicated.

All diagnostic testing has reduced, however some direct access pathway remains in operation, as listed below. Outside of these a clinical review will be required by a consultant.

- ECGs – a reduced service is in place for limited clinical indications only (Chest pain, LOC, Brady arrhythmias and Tachy arrhythmias). Please only refer for these clinical indications.
- Direct Access Echo - Referrals can be made to MCH and Virgin Care as is current practice but as this is a routine service no appointments will be offered until we are able to resume normal service, unless escalated by these organisations to us.
- Heart Failure and Arrhythmia Service - referrals can be made to MCH and Virgin Care as is current practice and will be triaged by MCH and Virgin Care staff. Only those referrals triaged as urgent will be given appointments. All other referrals will be held until we are able to resume normal service, unless escalated by these organisations to us.
- Rapid Access Chest Pain Clinic – continues to run from Monday to Friday via phone only. Diagnostics follow on clinic will be on clinical priority.

East Kent - EKHUFT Children and Young People Therapy

A COVID-19 priority referral process has now been adopted. If you need to refer any child for one of the conditions listed below, please telephone 01227 206674 (external) or 722-6674 (internal) on a Monday, Wednesday or Friday between 12-2pm. Please note that no other routine referrals will be accepted during this period.

- Dysphagia where there is a risk of aspiration
- Post-surgical intervention where therapy intervention is critical to the recovery and where lack of intervention is likely to cause harm or put child at risk.

- Hospital discharges/ tertiary repatriation – where therapy assessment or intervention is critical to the recovery
- Torticollis – babies under 6 months of age
- Deteriorating conditions - where therapy intervention is critical to reduce harm and keep child safe.
- Newly diagnosed conditions – where therapy assessment/ intervention is critical and where lack of intervention is likely to cause harm or put child at risk.

East Kent - EKHUFT Dermatology

EKHUFT are no longer running any routine dermatology clinics. 2ww referrals and urgent skin cancer surgery will continue with patient appointments spaced to avoid overcrowding. All follow-up patients are being telephoned and face to face appointments postponed unless essential. Patients on systemic agents such as biologics, DMARDs and isotretinoin can mostly be managed this way. All other new patients are currently being cancelled or postponed.

An Advice and Guidance service also remains available via eRS, responses can be expected within 2 working days.

For severe or urgent skin diseases requiring same day advice or review EKHUFT are running an emergency dermatology service manned 9am to 5pm, Monday to Friday for telephone advice and to arrange face to face review for those patients who urgently require it. This service can be accessed by calling 07920 595504.

East Kent - EKHUFT Radiography

Open access referrals for plain film radiography across all Imaging Departments at EKHUFT has been closed. This is to support social distancing guidance. Any high clinical priority imaging requests are to be sent to the following e-mail addresses to cease walk-in referrals:

- Canterbury: ekh-tr.KCH-Radiology@nhs.net
- William Harvey: ekh-tr.whh-radiology@nhs.net
- QEQM: ekhuft.qeqm-radiologyadmin@nhs.net

Requests will then be reviewed clinically, in line with operational & imaging guidance.

- The Imaging Department will contact the patient to arrange the examination, at the most appropriate site.
- Any referrals received that do not meet the criteria will be returned to the referrer

- Obstetric Scanning Service will continue as normal

If you have further questions, please contact us on: ekh-tr.gpinfo@nhs.net

West Kent - Virtual suspected skin cancer assessments and dermatology consultations

Sussex Community Dermatology Service (SCDS) who provide the West Kent Dermatology Service has taken the decision to suspend all face-to-face consultations for new referrals, including for skin cancer, until 5 May.

They will provide surgical intervention for the patients who have already been assessed as requiring urgent treatment. This will be undertaken by staff who are currently unaffected by COVID19 using appropriate PPE.

GPs should still refer to the service as it will be offering online consultations via an App called MySkinDoctor which has been successfully trialled. The App has worked really well and feedback from staff and patients has been overwhelmingly positive, but it can only work if GPs make sure that a patient's mobile phone details are included on the referral form via eRS.

SCDS will then contact the patient and ask them to download the App to send photos and the consultation will be done virtually. A response is made to the patient and GP electronically within 3-working-days with a diagnosis, treatment and management plan, including for cancer triage and treatment. If a patient does not have a mobile phone or the ability to make use of the App, then the GP can still refer but the patient will not be offered an appointment until after the 5 May.

If you are in doubt about what course of action to take, then please use Kinesis to get an opinion from SCDS.

Infection Protection Control

Testing

In line with national COVID-19 testing policy (which is determined by the Chief Medical Officer and Public Health England) testing capacity is now increasing. Sir Simon Stevens confirmed on Friday 27 March that a testing programme for NHS staff can now begin this week. We will send more details of what this means for primary care in the update on Thursday.

Ordering Personal Protective Equipment

We all know there have been issues related to the supply of Personal Protective Equipment (PPE) and we continue to work to resolve these. Public Health England are now confident that all logistical issues are being solved and that every part of the NHS that needs PPE will be supplied, with adequate stock, through normal distribution methods.

In the meantime, as the routine ordering of PPE is not delivering sufficient resources as yet, there is a new central contact number that all GP practices are being asked to contact for emergency supplies:

The NHS Supply Disruption Line number is 0800 915 9964

or email: supplydisruptionservice@nhsbsa.nhs.uk.

Deliveries of emergency packs will be within 72 hours but it cannot be guaranteed that these will happen between 9-5 so you will need to make arrangements for delivery outside those hours.

We are working with our colleagues to make sure that the appropriate PPE is made available in a timely and planned manner. There will be a further update tomorrow.

PPE Guidance

Guidance about PPE is being updated. On Friday a joint letter was issued by the NHS, PHE and the Academy of Royal Medical Colleges to address a number of issues. It can be found here: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/personal-protection-equipment-letter-28-march-2020.pdf>

The guidance published on the NHS website is kept up to date so please continue to check what current guidance applies:

[COVID-19 Guidance for infection prevention and control guidance](#)
[Coronavirus guidance for clinicians](#)
[Posters and videos on donning and doffing of PPE](#)

Medicines & Prescribing Guidance

This update on current issues related to medicines optimisation and prescribing represents our understanding at the current time, please be aware the situation is changing rapidly. If national direction changes, we will update you as soon as possible.

Prescription duration

Longer duration prescriptions should not be issued by prescribers to protect the supply chain. We strongly recommend 28 days' supply of medication for ALL prescription requests.

Electronic repeat dispensing

General practices have been asked to consider putting all suitable patients on electronic repeat dispensing as their next repeat prescriptions are issued. More information is found here: <https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers>

Requests for salbutamol inhalers

There is shortage of salbutamol inhalers at the moment. When considering supplying a salbutamol inhaler for a patient with COPD or asthma who has not requested an inhaler for some time, an appropriate clinician should carry out a clinical assessment. This assessment could be over the telephone where patients could be asked why they feel they need the inhaler and what symptoms they currently have. The dry cough associated with COVID-19 is unlikely to be relieved by a salbutamol inhaler. If salbutamol supply is deemed necessary, we would advise one inhaler at a time only.

Shortage of inhaled corticosteroids

Patients with asthma should continue to use their inhaled corticosteroids (ICS), despite the advice that corticosteroids are not indicated for COVID-19. Failure to do so could result in an acute exacerbation.

However, there are shortages of some ICS (see above). Please do not increase numbers of inhalers prescribed on regular repeat or acute prescriptions and make sure prescriptions are not issued significantly earlier than they should be. Where

possible only issue 1-month supply. If an inhaler is out of stock, consider the following two options:

- First option: An equivalent inhaler (same drug & dose), ideally with same inhaler device – see table available here:
<https://www.nice.org.uk/guidance/ng80/resources/inhaled-corticosteroid-doses-pdf-4731528781>
- Second option: If the same ICS is not available, consider a similar strength ICS based on the same NICE tables (see link above) of ICS doses- these are not strict dose equivalences but are a guide to similar clinical effectiveness.

Requests for COPD Rescue packs

Prescribers have recently faced increasing requests to supply COPD rescue packs. There is currently no change to current guidance on the use of rescue packs in patients with COPD. Please DO NOT issue rescue medication for patients that do not fit normal national guidance.

Before issuing rescue medication, it is imperative that the patient has a self-management plan and fully understands when rescue therapy is required. Overuse of antibiotics at this critical time would not adhere to antimicrobial stewardship guidance. Please be aware that following a corona virus infective exacerbation there is an additional risk of bacterial super-infection, approximately 10-14 days later. This may then necessitate a course of antibiotic treatment.

Increasing requests for palliative care medicines

Demand is high for the supply of end of life drugs as people anticipate the worse. The supply chain is being bolstered by increased manufacturing and a restriction on exporting so there is no need to stockpile or prescribe for patients who would not normally receive a prescription. Good anticipatory prescribing guidance still stands but please challenge any suggestions of 'blanket prescribing' of end of life medication.

International Normalised Ratio (INR) Monitoring and the use of Direct Acting Oral Anti-coagulants (DOACs)

Recent guidance from the Royal College of General Practitioners strongly advises to continue with the monitoring of INR for patients taking warfarin. Local services are currently under review to provide support for monitoring patients that may be "shielding" or "self-isolating" due to COVID-19. If a switch to a DOAC is considered

necessary, please make sure follow guidance on safe switching that can be found in the [Summary of Product Characteristics](#) for each DOAC.

Hospital Beds and Active Mattresses

NRS Healthcare Services, the Kent (excluding Medway) integrated community equipment providers, are working flat out to meet demand, particularly for hospital beds and active mattresses which are being ordered in extremely high volumes.

It may be that all the patients really do need a hospital bed with an active mattress, however, past data indicates that this probably isn't the case. We need patients to use their own beds if possible and have an overlay mattress to relieve the pressure if appropriate. It would be extremely helpful if hospital beds and active mattresses could only be prescribed when absolutely essential. There are lots of static mattresses and overlays in the catalogue which do have some pressure relief in them.

NRS are doing well in managing the increased activity and same/next day orders but it is important that stock is used wisely for those most in need otherwise supply will not meet demand.

Finance

Summary of Interim GP Reimbursement Mechanisms in respect of COVID-19

The outbreak of COVID-19 has had a significant impact on GP practices and their ability to manage financial matters in the usual manner. We have sought to answer some questions you may have about the situation below.

Q. Will we have to submit a claim for the payments and when will the money be paid to practices?

A. For DES/LES

With regards to the usual business of GP practices, the CCG recognises that it is an unreasonable onus on practices to submit claims for DES, LES and PCQS payments, whilst dealing with the additional workload caused by the pandemic. To assist practices, the CCG is planning to pay a calculated average value on a monthly basis for such enhanced services. It is essential that activity related to PCQS Phase 1 continues to be submitted in the normal way, as it will be important to inform future planning. It is hoped the above approach will both reduce the administrative burden for GPs and assist practices in maintaining financial stability in the short to medium term.

The average for DES/LES will be based upon on payments made in the period October 2019-January 2020. This includes the period during which PCQS claims began to flow. If a contract has been in place for less than a year, the average payment will be based on the duration of that contract.

In the case of a merged GP practice, special consideration will be made with the calculated average to ensure it captures all relevant activity and uses appropriate list sizes.

Our aim is to notify practices of the expected payments by 3 April.

In the event of any concern from practices as to the calculated value, these should be highlighted to the CCG by the 9 April, to avoid unnecessary delays in reconciliation, via the generic email addresses below, using the subject heading "Claims query".

East Kent: Eastkent.primarycare@nhs.net

West Kent: Wkccg.primarycare@nhs.net

DGS: Dgscg.primarycare@nhs.net

Medway: Mccg.primarycare@nhs.net

Swale: Swccg.primarycare@nhs.net

The payment will be on the same day as the global sum and should be expected in bank accounts on the 20th of each month. These payments will be coded separately by the CCG and itemised in the usual way.

For community contracts/AQP

A similar approach will be taken with community contracts/AQP. In this case, however, it is planned to adopt the average payment made during the period April 2019-January 2020. Payments will be made on the 15th of each month.

If a contract or service has been in place for less than a year, the average payment will be based on the duration of that contract.

Values will be notified by 3 April, and again, concerns should be raised by 9 April, to avoid unnecessary delays in reconciliation, via the generic email address as above, using the same subject title.

Q. When will the £1/patient be paid, how will the model which supports this payment be designed, who is undertaking the modelling for the 40p payment and does this funding need to cover Hot Sites?

A. Practices should already have received this money. A payment of £1 per patient was made on 26 March. This comprised of an unconditional payment of 60 pence per patient, which will be retained by the practice to cover costs and a further payment on account of 40 pence per patient for costs that you may have incurred over and above the first 60 pence. This is currently being modelled by the CCG to reflect the differing needs of practices.

CCG staff who understand Primary Care and Primary Care financing are working with the LMC to ensure that practice needs are best reflected by any such formula and not inadvertently penalised and that there is a consistent approach to this across Kent & Medway.

Together, we need to understand and learn from the impact of COVID-19 on practices across Kent & Medway. Our Primary Care team will work with you in the coming weeks to develop this.

The £1/patient is not for funding the provision of hot sites.

Q. What if my list size has changed significantly (+/-2.5 %) since the 1 Jan 2020 due to, for example, other practices closing and does this affect any of the payments above?

A. Please inform the CCG on the generic email address above of any concerns you may have about list size movements. Specific arrangements will be made with respect to known practice mergers or list dispersals with increases or decreases in payment to be made as appropriate.

Q. Will there be additional funding to support practices beyond the £1/head funding?

A. The situation is fast moving and guidance is being released by NHSE on an ongoing basis. What we know at the moment is that CCGs are being asked to support a monthly cycle of reporting COVID-19 related expenditure. It will be important that practices should keep a record of such expenditure, in order to advise the CCG and to serve as the basis of any additional claim for support that may be necessary. The CCG will provide updates on process as and when possible.

Administration

Easter Bank Holidays now ordinary working days

On Friday 27 March 2020, NHS England advised on imminent changes to the GP contract which mean that the April Bank Holidays (Friday 10 April 2020 and Monday 13 April 2020) will now be identified as normal working days for GP practices. This means there will be no Out-of-Hours cover for core GP business on these two days. This is to bring practices in line with the wider NHS.

Please confirm by email to wkccg.gpscovid-19@nhs.net by Friday 3 April that your practice is aware of this requirement and is putting in place arrangements to open as normal on Friday 10 April 2020 and Monday 13 April 2020 during core hours from 8am to 6.30pm.

For further details see page 15 of the latest update to general practice regarding the emerging COVID-19 situation <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/gp-preparedness-update-letter-27-march-2020-.pdf> We anticipate further guidance will be published nationally.

Register to use NHS volunteer responders:

Over 750,000 people have now signed up as NHS volunteer responders and will be helping with tasks such as delivering medicines from pharmacies; driving patients to appointments; bringing them home from hospital and regular phone calls.

- Requests for support can be made now via the [NHS Volunteer Responders referrers' portal](#).
- Please ensure you have read the [instruction](#) document before submitting a request.
- All volunteers will have received identity checks (and DBS where required) and role appropriate training.
- The programme is being delivered by the Royal Voluntary Service (RVS) using the GoodSam app which is already used by NHS111 and ambulance trusts.

IT

We are pleased to announce the launch of a remote working solution for GPs and Practice Staff. We know many of you have been waiting for this.

‘Away From My Desk’ allows users to directly access their work desktop computer securely. Users can do this via web browser from your home or other location, on a work or personal device.

An initial order of 500 licences to use ‘Away From My Desk’ has been placed. We have also reserved 4500 more so we could offer a virtual alternative to every practice desktop in Kent and Medway.

Although there are issues to be aware of, not in the safety of the product, but in how clinicians and staff use this solution on personal devices, we believe ‘Away From My Desk’ offers the safest and most secure solution currently available that can be deployed at scale.

We will start rolling out ‘Away From My Desk’ from 6 April.

Information Governance

GPs and practices are data controllers and complete regular Information Governance (IG) training. If you use ‘Away From My Desk’ with your work devices, and particularly your own personal devices, you must do so with the utmost care and awareness of IG. However, you can be assured that ‘Away From My Desk’:

- is ICO registered and cyber essentials are certified.
- has several layers of security measures, the attached PDF details these at page 9 of the attached document entitled General Data Protection Regulations.
- has a security specification which is available alongside security policies - data protection in transit, asset protection and data separation as detailed in the documents attached entitled Away From My Desk- Security Specification and Away From My Desk New and existing Customers.

You should also be aware that we are working with NHS Digital to look at smart card use on personal devices but at present we are unable to supply smart cards to enable electronic prescribing. However, there are workarounds which some of our local GPs use and we will be sharing with you when ‘Away From My Desk’ goes live.

Full guidance will be given when the system is deployed but now you can make sure that your antivirus package is up to date. For GPs who do not have an active subscription, Bitdefender is making a basic antivirus package available for 12

months – found here: <https://www.bitdefender.com/business/help-healthcare-fight-coronavirus.html>

‘Away From My Desk’ will then deploy the application via NEL onto your desktop and will also send a physical token to your practice by registered courier. A self-user guide will be available (including how to access help desk support when needed) and Information Governance advice for users prior to installation.

To register to have ‘Away From My Desk’ installed please complete the attached spreadsheet entitled “Kent & Medway CCG AFMD Requests and send it to kentandmedway@awayfrommydesk.com

Laptops

In addition to the above solution the 600 laptops that we sourced last week are now being imaged. Our current forecast is for delivery and collection 9-27 April. Your practice will be contacted when they are ready for distribution.

VPN tokens for work devices

We still urgently need a check of all work supplied laptops currently in use, so we know where to deploy VPN tokens for remote working for West, DGSS, Medway and east Kent (excluding Thanet where there is up to date list) and EKHUFT supplied laptops. [NEL have sent an email directly to practices with a short form to complete.](#) Any questions please contact: nelcsu.pcps.calendar@nhs.net

Online Triage

Good progress is still being made with 29 sites live on e-consult (11 since last week). Over 100 surgeries have enrolled, 22 sites are live on DoctorLink, and we expect to get up to 50 this week. We are seeing 20 people per day join the webinars to find out more but there are still many more practices to go. Please contact wkccg.gpoc.primarycare@nhs.net for Medway, north and west Kent, and andrew.gove@nhs.net for east Kent for assistance. If you haven’t completed DoctorLink training, this can now also be accredited via webinars, use this link to book: <https://bit.ly/2yaG8VN>

NHS Digital Team have emphasised their view that it is mandatory for GPs to deploy GP Online Consultation tools by 3 April.

iPlato text messaging

There are approx. 15 texts per patient on your patient list, for the year FY20/21. Please keep messages as short as possible. Remember each unit of 160 characters uses a text. 160+1 characters uses two texts, as does 319 characters. Try and get best value for money from your texts, these are a shared resource, and a very effective means of communication. An experienced Practice Manager should check bulk messages for length before they are sent. We will be supporting you by monitoring usage.