



Dear Colleague

### **LMC Pastoral Support**

We recognise that this is a stressful time where we are all dealing with uncertainty and pressure both personally and professionally. The LMC, as ever, are able to support anyone who needs assistance. Drs Caroline Rickard, John Allingham and Mike Parks are available to provide confidential support and advice for those GPs that find themselves under stress.

Please contact the LMC by telephone on 01622 851 197; or [info@kentlmc.org](mailto:info@kentlmc.org) and we will arrange a call back for you.

In addition to this the NHS Practitioner Health Programme remains available. Please click [HERE](#) for the services which are available to GPs.

### **General Dental Services during Covid-19**

Practices may be being asked to treat patients for dental problems. Patients approaching practices for treatment for dental problems should be advised that they can still access urgent treatment from their usual dental practice. Dental practices have, either independently or in collaboration, established remote urgent care services. Patients can access telephone triage for urgent needs at their registered practice during usual contracted hours for advice, pain relief and antimicrobial treatment where required. If a patient's condition cannot be treated remotely they will be triaged for face to face consultation at a 'hot' or 'cold' site.

### **6-8 week baby checks**

Many practices are risk assessing what services they can continue to deliver during this period of social distancing and what ought to continue. Many of you are considering whether to perform 6-8 week checks. Practices may wish to consider performing the examinations at 8 weeks and immediately follow this with the immunisations. This is something you could consider as a pragmatic balance between continuing to meet reasonable needs of patients whilst reducing risk by managing patient contact.

Other advice regarding managing workload during the pandemic can be found on our website [here](#)

### **Referral Management**

Practices will be experiencing significant changes to how secondary care providers are managing referrals. We are having discussions with other parts of the system to regularise these changes and hope to provide a further update very soon.

## NHS Volunteer Responders

The NHS Volunteer Responders scheme is a tool for health and care professionals, including social prescribing link workers and administrative professionals, to use to help match volunteers with individual tasks to support people who are at very high risk from coronavirus or who need additional support as a result of the impact of COVID-19 where limited local support is available. NHS Volunteer Responders can be asked to help individuals with tasks such as delivering shopping; delivering medicines from pharmacies; driving patients to appointments; bringing them home from hospital; and a 'check in and chat' phone call.

Professional judgement should be used to determine if an individual would benefit from this support. Referrals should be made with the consent of the patient, using an nhs.net email address via the [NHS Volunteer Responders referrers' portal](#). Alternatively you can call 0808 196 3382 to make a referral. Additional guidance can be found [here](#) on the NHS England website.

## Kent Together

Patients that are vulnerable and need urgent support can also be directed to [Kent Together](#) to access urgent. Kent Together can help in a number of ways, including dog walking, picking up prescriptions, putting out the bins and befriending.

Patients can also access Kent Together by phone on 03000 41 92 92

A poster is available to download to publicise the service to patients [www.kent.gov.uk/ktposter](http://www.kent.gov.uk/ktposter)

## End of Life

The End of Life resources for use during the pandemic are now hosted online here: <http://ashford.referralsupport.co.uk/referral/end-of-life-care-resources-covid-19/> Please note, whilst the link is an Ashford one the resources are for use across Kent and Medway.

There is also further information from the Medicines Optimisation Team around the Community Pharmacies holding dedicated stocks of EoL medications, and information on where to report shortages/blockages of supply.

## Death Certification and Verification of Death

This complex area continues to be the subject of intense work between BMA, RCGP, NHSE and CQC. Guidelines on all death related matters will be published in the coming days. In the meantime there are specific updates in relation to:

### Verification of death

London Coroners wrote an open letter on Tuesday 14<sup>th</sup> April. The text can be found [here](#). The BMA have challenged this position and the response can be read [here](#).

### Certificate of death

Following the relaxation of certain aspects of the rules around the completion of death certificates the BMA has [written to the government](#) to ask for further changes to fit more closely with the working patterns in general practice and to streamline the system.

## BMA COVID-19 contract for temporary engagements

The Sessional GP Committee, working with GPC and BMA Law, has produced a [model contract with terms for the engagement of a GP providing temporary COVID-19 services](#). The model terms are intended to provide practices with the ability to flexibly employ additional GPs to deal with the

demands of responding to COVID-19. In particular, it is aimed at locum GPs in order to provide access to employment benefits such as maintaining continuous coverage of death in service benefits while supporting COVID-19 services, and access to the employer's occupational sick pay and annual leave entitlements.

## NHS111 CCAS Appointments

The latest [NHSEI preparedness letter \(14 April\)](#) highlights that the recent amendments to the GMS regulations, will increase the minimum number of appointments that practices must make available for 111 direct booking and all practices in England must now make a minimum of 1 appointment per 500 patients available for direct booking from NHS 111 through the CCAS clinical triage service.

The BMA has raised concerns with NHSEI and NHS Digital about these figures and the proposed process, and they have clarified that there is a difference between the current local NHS111 appointments, which were used to book in to practice appointment systems for patients that don't have COVID-19 related symptoms, and the new national CCAS which is staffed by clinicians, including returning GPs, and which is intended to take the pressure off practices by dealing directly with many of their patients with COVID-19 related symptoms. The CCAS service is additional capacity to support your practice, and should reduce the number of patients the practice has to deal with directly.

Patients should not be told by CCAS that they will be phoned back at a particular time, as per the nominal appointment slot they may have been put in to. The appointment slots are just a technical way of transferring patients from CCAS to the practice. It is for the practice to determine how they respond to the patients who have been transferred to them. Practices may therefore set up a separate triage list that they monitor during the day alongside whatever their normal arrangements are for managing patients who have contacted the practice directly. In most areas the numbers transferred will be far fewer than were originally modelled, and which led to the 1 in 500 figure.

## Returning GPs

The GMC have now [granted temporary registration to retired doctors](#) so that they can return to practice and help with the coronavirus pandemic. However, we are aware that due to overwhelming number who have applied to get involved, there have been delays to returners being added to the system after relicensing. The BMA is working with NHSE/I and government to encourage them to speed this process up as much as possible.

The significant numbers expressing the intention to get involved has overwhelmed current systems and processes, and we know that many are currently waiting for the next steps. Both the BMA and the RCGP are working to try and speed up the process as much as possible, and on additional guidance which is currently being finalised.

The BMA has published a [joint letter](#) with RCGP regarding returning GPs as well as [guidance for returners](#). Please share these with colleagues who are intending to return. For any retired doctors joining the BMA or any current retired members who are returning to work to support the fight against COVID-19, the BMA are waiving their membership fees until 1 October 2020. You do not need to do anything to update your membership. You will make no further payments until 1 October 2020 and the BMA will email you to confirm. If you have any questions please email [membership@bma.org.uk](mailto:membership@bma.org.uk)

## GP Induction and Refresher Scheme and International GP Recruitment Scheme

[New regulations](#) have been published which enable medical practitioners who are not on the performers list to provide GP services during the pandemic. In addition to GPs on a devolved nation performers list being able to apply to be included on the Performers List in England, those on the GP Induction and Refresher (I&R) or International GP Recruitment (IGPR) schemes, can also use the Fast Track COVID-19 application process to seek approval to be added to the Performers List for the duration of the COVID-19 crisis.

Some doctors who had been pursuing the I&R and IGPR routes into general practice had been left unable to work due to the cancellation of the MCQ and Simulated Surgery Assessments. The online application form can be accessed [here](#) while questions about the application process should be directed to the NHS England national team using [england.ftc19@nhs.net](mailto:england.ftc19@nhs.net). NHS England will be contacting all scheme applicants and inviting them to make a Fast Track application. If a doctor decides to pursue this route they must continue with their standard application alongside the Fast Track process. The evidence obtained during the COVID-19 period may be used to support full inclusion on the Performers List. While this may negate the need for any additional assessment or supervised placement, some doctors may be asked to complete the standard programme when the COVID-19 crisis period is over.

The Fast Track route will only be available to doctors who are considered by Health Education England / NHS England leads to be safe to start a clinical placement without completing the MCQ and simulated surgery assessments. The Fast Track process is also open to applications from MoD GPs, performers on the respective lists in Wales, NI, Scotland, Isle of Man and the Channel Islands, private GPs and NHS GPs who wish to return to work as a general practitioner having been off the performers list for more than 5 years.

## GP Retention Scheme (England)

NHSEI has extended the relaxation of the maximum number of in-hour sessions retained GPs can conduct until further notice so they can contribute to the COVID-19 response. For the retained GPs due for their scheme annual review, CCGs will now be able to:

- agree with retained GPs, who are due for a scheme annual review before the end of September 2020, to defer their annual review until a later date
- consider granting retained GPs, who are approaching the end of the scheme (e.g. those in their final three months of the scheme), with a scheme extension until the end of September 2020.

Retained GPs are encouraged to contact their HEE local scheme leads if they require any support.

## SitRep

Practices are encouraged to respond to the weekly SitRep request from the CCG. The SitRep helps the CCG to identify where there is vulnerability with PPE supply and helps to facilitate discussions around mutual aid. It also helps to identify practices that are especially vulnerable so that support can be targeted where it is most needed.

The link to the SitRep is circulated in the Tuesday CCG Bulletin and needs to be completed by Thursday 11am.

Kind regards  
The Kent Local Medical Committee