

*21 April 2020*

**For general practice in Kent and Medway**

## COVID-19 Update 11

This is the eleventh update provided by Kent and Medway CCG to provide information to help practices deal with the COVID-19 pandemic. If you have any feedback or ideas to make the Updates more useful to you please email [wkccg.gpscovid19@nhs.net](mailto:wkccg.gpscovid19@nhs.net).

### **Highlight:**

Complete the weekly sitrep by **11:00am on Thursday 23 April** so your response can be reflected in our weekly summary here: [www.surveymonkey.co.uk/r/62MD2B7](https://www.surveymonkey.co.uk/r/62MD2B7). Last week's summary is attached.

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. The NHS guidance for primary care can be found [here](#).

**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

## IT

### **E-consultation and video consultation**

Thank you to all practices and staff for their hard work over the last few weeks as we move to a total triage model in response to COVID-19. The majority of practices have rapidly stepped up the use of online e-consultation tools and enabled video consultation so that they can continue to look after their patients whilst keeping them and their staff safe.

On enabling video consultation there has been great progress across Kent and Medway with 86% of practices up and running.

For the e-consultations (DoctorLink and E-Consult) the number of live practices (and/or with a confirmed go live date) are 77% for e-Consult and 72% for DoctorLink.

However, in line with the National Primary Care COVID-19 response, the NHS has indicated that all practices need to have both an e-consultation and video consultation solution enabled by 30 April. This ambition is supported by Kent and Medway CCG particularly due to the benefit of adopting online consultations in the context of the COVID-19 pandemic and the underpinning and supportive business resilience implications for practices.

### **Benefits of online consultation**

Some of those who were the most sceptical have found online consultation to be particularly useful in keeping patients and staff safe during the COVID-19 pandemic. Video consultation allows a visual assessment of the patient and the BMJ has released guidance on assessing COVID-19 during a video consultation, including a handy infographic. It is available here: <https://www.bmj.com/content/368/bmj.m1182>.

When patients use e-consultation tools the evidence shows that around a third of them seek help from a pharmacy, self-care or 111 rather than a GP. Also the e-consultation establishes the patient's need in advance of talking to them (for instance a prescription, fit note, or test results) and the length of the telephone consultation is generally shorter - as the GP already has information regarding the patient's needs.

### **Signing up for video consultation and e-consultation**

Just to be completely clear, e-consultation and video consultation are separate interventions that both count as online consultation and it would be great if both were up and running by the end of April. E-consultation is an online digital triage system, whereas video consultation is an ability to speak to a patient online without them visiting the practice.

Where practices have not yet gone live with one of the locally procured solutions for both online e-consultations and video consultations, local implementation teams are in place to support you to do this and training can be completed online at a time that is convenient to you.

- E-consultation solutions: two e-consultation solutions have been procured by Kent & Medway CCG that are free for practices to use - either DoctorLink in north and west Kent or e-Consult in east Kent.
- Video consultation solutions: there are a number of video consultation solutions currently being used across Kent and Medway, the most common of which are AccuRX and EMIS' in-built solution. Practices can decide what solution suits them best to offer video consultations.

If you are one of the few practices who have not yet found time to sign up to both online e-consultation and video consultation please take the first step today and contact the local implementation team - for east Kent please contact [andrew.gove@nhs.net](mailto:andrew.gove@nhs.net) and for the rest of the county - [sean.key1@nhs.net](mailto:sean.key1@nhs.net)

Our local primary care teams will also be following up directly with those practices that are recorded as not yet having a solution in place to offer online consultations.

### **Remote Smartcard Access and Away From My Desk**

Over 1000 people have now registered to use Away From My Desk. For Away From My Desk to access full functionality of work based computers remotely and securely, Smart cards left in devices must be within a locked room within the surgery.

In response to this identified need, the CCG Caldicott Guardian and SIRO have reviewed and approved a short form data protection impact assessment to enable remote smartcard access for GPs to work away from the practice and provide direct patient care. Whilst there are risks associated with this solution, there is a demonstrable need and this approach is necessary and proportionate on a short term basis in response to COVID-19.

A copy of the DPIA is available on request by emailing [mccg.northkentgpdataprotection@nhs.net](mailto:mccg.northkentgpdataprotection@nhs.net)

GP and practice staff must make sure the following guidance is followed to maintain integrity and confidentiality of patient data, and to minimise the risk of a data breach:

- Smart cards left in devices must be within a locked room within the surgery.
- Keys to the locked room should be stored safely and securely within the practice and only accessible by nominated practice staff to enable them to collect printed prescriptions – a record of these incidences should be kept.
- Do not use easily guessed smartcard pins or write them down.
- Ensure smartcard pin codes are changed immediately on return to business as usual.
- Ensure you are familiar with your responsibilities around confidentiality and security of personal data, and the use of smartcards. This includes monitoring and audit of smartcard access.
- [Smartcards should only be accessed in this way to use Away From My Desk.](#)

**In the event that a smartcard is lost or stolen you must immediately notify NEL IT on 03000 424242 and request the urgent cancellation of the smartcard.**

### **Use of Eclipse software to help identify patients for shielding**

Just to remind you there will be a webinar on the Eclipse COVID Protect Project tomorrow (22 April) from 1.30pm to 2pm. This will be open to all practices. You can join the webinar from your computer, tablet or smartphone by clicking this link: <https://global.gotomeeting.com/join/737354957>.

If you have not used GoToMeeting before you will need to install the app before the meeting starts: <https://global.gotomeeting.com/install/737354957>.

You can also dial in by calling 0330 221 0088 with access code: 737354957.

## Clinical

### **Request for GPs to provide support to the Coroner services in managing excess deaths due to COVID-19**

Current modelling predicts that we are heading for a spike in COVID-19 cases and therefore deaths over the next two or three weeks. The number of excess deaths during that three-week period will present the system with a serious challenge to effectively recognise these deaths as COVID-19, register them and cremate/bury them. There will be a significant number of deaths in the community and a number will not have seen a medical practitioner within 28 days. The experience in London is that up to two-thirds of unexpected deaths in the community during a peak were due to COVID-19.

As part of the preparations doctors will be needed who are willing to consider evidence collected by police and paramedics who attend these deaths, as well as information from GP notes, then judge when it is reasonable to attribute the deaths to COVID-19 and then provide death certificates and Cremation Form 4s. To manage the number of deaths in an appropriate time places like London have needed to invest in this approach. To pass them all back to the deceased's own GP has just proved impossible. With a trained cohort of doctors from general practice and secondary care deaths referred to the coroner have been kept to manageable levels and alleviated the distress to relatives and more general pressures within the system.

We would therefore like to hear from you if you feel able to be part of this team of doctors. You will, as indicated, receive training for this and will only be issuing for deaths that you feel, on the balance of probability, are due to COVID-19. Unexpected and/or unnatural deaths for any other reason will be dealt with in the usual manner.

If you would like to register an interest or request further information, please contact [wkccg.gpscovid19@nhs.net](mailto:wkccg.gpscovid19@nhs.net). With the expected peak approaching in the next week or so we have been asked to assemble a team with some speed so an early response would be appreciated.

### **NICE Guidance**

The latest guidelines produced by National Institute of Clinical Excellence (NICE) provide information on cystic fibrosis, community-based care of patients with chronic obstructive pulmonary disease (COPD) and dermatological conditions that are treated with drugs affecting the immune response. These, and previous guidance are available here: <https://www.nice.org.uk/guidance/conditions-and-diseases/infections/covid19/products?ProductType=Guidance&Status=Published>.

## Referral Advice

### ***Maidstone and Tunbridge Wells (MTW) hospitals - changes to gynaecological services***

**Gynae outpatients** All referrals are triaged by the responsible consultant, resulting in referrals telephone consultations for most women. There are no face to face appointments being carried out in the Gynae Outpatient department, and both Whitehead Ward at Maidstone and Gynae Outpatients at Tunbridge Wells Hospital have been temporarily closed. The e-Referral Service (ERS) is disabled, and no new referrals are being taken until further notice.

**Rapid Access Clinics** All referrals are being triaged by the responsible consultant, resulting in telephone consultation and if necessary, face to face consultation. Any urgent treatment required is being carried out by MTW Consultants at Kent Institute for Medicine and Surgery (KIMS).

**Colposcopy** All referrals are being triaged by the responsible consultant, resulting in telephone consultation and if necessary, face to face consultation. Any urgent treatment required is being carried out by MTW Consultants at Kent Institute for Medicine and Surgery (KIMS).

**Gynae Inpatient Surgery** All service is currently suspended, with the exception of emergency surgery being undertaken at TWH and also at the Nuffield in Tunbridge Wells.

**EGAU/EPAC** All services are continuing as normal through the Early Pregnancy/Emergency Gynae route. Normal referral pathways should be adhered to. Emergency gynaecological admissions will continue as deemed clinically appropriate.

If attending the EGAU/EPAC service, women will be asked questions over the telephone pertaining to symptoms of COVID-19. Should women need to attend the department, they will have their temperature checked upon arrival to the department.

Staff in the department will be wearing PPE, consisting of a face mask, plastic apron, goggles or face mask..

Women need to attend alone, with their partner/relative remaining in the car park until the appointment is concluded.

There is NO visiting permitted at this time.

***East Kent Hospitals - thyroid stimulating hormone (TSH) test***

On Monday 4 May 2020 EKHUFT will be introducing a 'TSH only' test for monitoring adult patients with primary hypothyroidism who are on levothyroxine. The 2019 NICE Guideline [NG145] Thyroid disease: assessment and management recommend that TSH alone should be used to monitor such individuals - specifically, standard 1.4.1.

TSH is the best marker of thyroid function in primary hypothyroid patients treated with levothyroxine as it reflects long term adequacy of treatment, whereas free T4 reflects recent dosing only.

The TSH only test can be found by searching for the test name (TSH Thyroxine monitoring) or by using the "On Thyroxine (annually)" test group on Dart OCM. Introduction of the "TSH only" test will improve the value of our interpretive comments, however, for this to be achieved it is vital that the test is only used as described above.

The full Thyroid Function Test (TFT) profile (free thyroxine (FT4) and TSH) will still be available for assessment of thyroid function in patients either

- i) not known to have thyroid disease
- ii) with thyroid disease in where the diagnosis is NOT primary hypothyroidism and
- iii) in patients on thyroxine with normalised TSH but continued symptoms of hypothyroidism.

For more information please contact Dr Sally Stock, Head of Service for Clinical Biochemistry and Immunology, EKHUFT Pathology Department on 01233 616025.



## Infection Protection Control

### Personal Protective Equipment ordering

In recent weeks there have been several communications with regards to ordering Personal Protective Equipment (PPE), the attached flowchart entitled Kent and Medway Primary Care Provider PPE Escalation illustrates the process and the below seeks to describe it step-by-step:

1. PPE should be sourced via all of your usual supply routes (which may include a variety of suppliers, including private online companies). Please ensure you adhere to the recommended usage of PPE for all cold sites and Primary Care Treatment Centres;
2. In the event your supply of PPE is critically low (best practice is now <72hrs supply of PPE) and your PPE delivery is not due to arrive within <72hrs, please make contact with your local Kent and Medway CCG contact (see below) who will seek to source the PPE via local mutual aid that same day (i.e. within your PCN).

Local Kent and Medway CCG contacts:

*East Kent* - [hilary.knight@nhs.net](mailto:hilary.knight@nhs.net)

*Medway and Swale* - [emilyhall@nhs.net](mailto:emilyhall@nhs.net)

*DGS and West Kent* - [asifa.mian@nhs.net](mailto:asifa.mian@nhs.net)

3. In the event critical PPE cannot be sourced via local mutual aid that same day (either partially or in its entirety), please contact National Supply Disruption Response (NSDR) team on [supplydisruptionservice@nhsbsa.nhs.uk](mailto:supplydisruptionservice@nhsbsa.nhs.uk) or call 0800 915 9964 (NHS Supply Chain customers) or 0191 283 6543 (non NHS Supply Chain custom orders) The NSDR will require:
  - Name, email and telephone number of the requestor;
  - Name, email and telephone number of a contact for the next 24 hours (e.g. out of hours cover if the original requestor will be unavailable);
  - Delivery address, including postcode; and named contact for receiving deliveries;
  - Confirmation that your organisation is able to receive the delivery outside of normal business hours;
  - Number of COVID-19 patients being treated (confirmed and suspected);
  - Number of beds in your organisation (if appropriate);
  - How long your current PPE stock provides cover for (e.g. <24 hours; 1-2 days, or more than 2 days);



- Which products you are requesting and in what quantity

**NB – please ensure you make a record of the ticket number the NSDR will give you. These are issued whether the request is able to be fulfilled or not. They are also sometimes referred to as a “CPC code”.**

4. In the event critical PPE cannot be sourced via NSDR (either partially or in its entirety), please complete the K&M PPE Mutual Aid Request form attached and submit to [mccg.ppeordering.kentmedway@nhs.net](mailto:mccg.ppeordering.kentmedway@nhs.net) **NB – when submitting your request for Mutual Aid please include NSDR ticket number (CPC code).**

### **Coronavirus testing update for GPs and primary care staff**

Coronavirus testing for GPs and primary care staff is available across all of Kent and Medway. Staff who are self-isolating **with coronavirus symptoms** are eligible for testing. Additionally, if staff are self-isolating because a person that they live with has coronavirus symptoms, that symptomatic person is also eligible for testing.

Please note that coronavirus antibody testing is not currently available.

There are different routes to access testing depending on where you are in Kent and Medway. Surgeries in east Kent can use the online booking system available here: <https://itx.ekhuft.nhs.uk/swab/home>

Surgeries in west Kent can book tests by email through: [mtw-tr.staffswabbing@nhs.net](mailto:mtw-tr.staffswabbing@nhs.net) sending through a completed copy of the request form already issued by your primary care team. Please make sure the form has been completed accurately as partial or incorrect information will mean the test will not proceed.

Surgeries in north Kent and Medway can book tests by email through: [mccg.nkgpcovidtesting@nhs.net](mailto:mccg.nkgpcovidtesting@nhs.net) sending through a completed copy of the request form already issued by your primary care team. Again, please make sure the form has been completed accurately as partial or incorrect information will mean the test will not proceed.

For north and west Kent GPs - If the individual who needs to be swabbed is registered with a GP in east Kent, please use the east Kent online system. Otherwise please use the north Kent or west Kent route.

Testing facilities are available at all of the main acute hospital sites in Kent. ‘Drive-through’ facilities are available at Kent and Canterbury Hospital; Medway Maritime Hospital; Queen Elizabeth the Queen Mother Hospital; and William Harvey Hospital.

In addition, a further drive-through facility is available at the Hop Farm at Beltring, near Tonbridge. Please note that while there is the intention of booking tests at the most convenient location available, this is subject to the capacity of the individual testing centres.

Online options for booking tests similar to the one in east Kent is being scoped for potential roll-out in the rest of the county.

For staff members of larger organisations who have an occupational health department the test results will go back to their occupational health department and be dealt with there. There are a small number of staff members of smaller organisations (GP Practices, Dental Practices, some care home staff) who do not have established occupational health departments to handle the test results of their swabbed staff members. We appreciate that you are having requests of additional work from multiple sources but to enable the timely availability of COVID-19 swabbing to practices and other health and social care colleagues we are asking if you can help. As an interim measure, while we establish a mechanism of communication of the result direct to the person concerned, we are asking for your help as the registered GP of the individual staff member to receive and communicate the test results.

### **Primary Care Treatment Centre induction training pack**

Thank you to those of you who have sent comments and questions following the circulation of the Primary Care Treatment Centre (PCTC) induction training pack last week. We have themed the comments and questions and responded below:

#### ***Concerns over the PPE guidance especially re glove wearing vs good hand hygiene.***

The wearing of gloves does not take the place of a good hand hygiene technique. Disposable gloves must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated. Gloves must be removed following the step by step guide in the induction pack and the appendix 3 guidance to reduce the risk of inadvertently recontaminating yourself. Hands must be cleaned immediately after removal of PPE.

#### ***Concern that COVID 19 is not classed as a high consequence infectious disease.***

The description is based on the departments managing the infection as well as the characteristics of the infection. It is not disputed that the outcome of the infection has serious consequences. On 19 March 2020 it was announced that COVID-19 was no longer considered to be a high

consequence infectious disease (HCID) in the UK. The Advisory Committee on Dangerous Pathogens (ACDP) was also of the opinion that COVID-19 should no longer be classified as an HCID.

The need to have a continued national, coordinated response remains, but this is being met by the [government's COVID-19 response](#). Cases of COVID-19 are no longer managed by HCID treatment centres only. All healthcare workers managing possible and confirmed cases should follow the [updated national infection and prevention \(IPC\) guidance for COVID-19](#).

***Length of document.***

The document is a training pack and is as comprehensive as possible, covering the most salient points to help staff to stay safe and links to videos for training purposes. It will take between 20-25 minutes to read the pack and watch the video clips within.

***Does this pack only apply to staff in primary care treatment centres/hot sites?***

This pack can be extrapolated for staff working in sites with 'hot' and 'cold' zones. A separate training pack for undertaking 'hot' home visits is being developed and should be distributed by the end of the week.

## Medicines & Prescribing Guidance

### Managing locally held vaccine stock

Immunisation services are not activities that can be suspended within the GP contract and it is important to ensure the continued delivery of vital NHS services.

While there are no central supply issues of vaccine stock, it may be necessary for CCGs and/or Primary Care Networks to facilitate the transfer of locally held vaccine stock from one provider to another to ensure the continued delivery of immunisation programmes. To support this, the Medicines and Healthcare Products Regulatory Agency (MHRA) has now confirmed that it would not prevent the transfer of locally held vaccine stock from the NHS routine immunisation services during COVID-19, provided that:

- the CCG, PCN or General Practice believes the transfer of vaccine(s) is necessary to support the continued delivery of routine immunisations in primary care during the COVID-19 response and will ensure the effective use of available resource;
- the CCG, PCN or General Practice that is holding the vaccine stock has assurance that the vaccine has been stored in the correct temperature-controlled conditions;
- confirmed daily record keeping of temperature monitoring is available;
- the CCG, PCN or General Practice that requires locally held vaccine supply can verify the assurances given; and
- the vaccine(s) can be transported appropriately under the right cold chain conditions.

Regional NHSEI commissioners should be informed of any incidents including cold chain breaches during transfer of vaccines. CCGs, PCNs and Primary Care providers should refer to Public Health England's protocol for the [ordering, storing and management of vaccines](#).

## Administration

### Changes in law for doctors certifying death and issuing crem 4 forms

In Update 11 we mentioned that Kent and Medway Registrars and Kent Coroners have issued a joint summary of the recent changes in law for doctors certifying death and issuing crem 4 forms. Apologies that the relevant document was not attached but it is now attached to this Update entitled: "Summary of changes for doctors certifying death and issuing CREM 4 forms". We have also previously circulated a link to the online Crem4 [cremation medical certificate](#).

### Primary care weekly sitrep survey

The link to this week's sitrep survey is <https://www.surveymonkey.co.uk/r/62MD2B7>

You will notice that the questions regarding PPE have been expanded. This is primarily to support you and your Primary Care Treatment Centre in ensuring we can support you through mutual aid or escalation and make sure PPE is available.

We appreciate your contribution to this sitrep and as you will see in the attached weekly summary it gives an understanding of the situation across Kent and Medway. We will continue to share the survey results with you.

If you could please complete the sitrep by **11:00am on Thursday 23 April** your response will be reflected in our weekly summary.

### Time for Care

The NHS Primary Care Improvement team have mobilised Time for Care to provide rapid support as practices/PCNs implement new systems and processes in response to the COVID-19 pandemic.

Time for Care provides expert coaching, focusing on helping you with the practical aspects of rapidly implementing changes such as:

- Remote consultations (phone, text, online, video)
- Staffing flexibility to handle staff absences
- Developing hub/network solutions to handle workload peaks
- Reducing admin work for GPs
- Leading the team through change and uncertainty

This is not a programme so much as rapid access to people who can coach and support you through the changes you are making right now.

More than 50% of practices in England have already used some support from Time for Care over the past three years. Practices have found this very helpful in making changes work, freeing-up GP time and improving morale. The team understand the realities of everyday general practice and the current pressures, and many of them work in practice as well as providing this kind of support. If you would like to ask for their support please fill in the expression of interest form: <https://bit.ly/timeforcarecovid>.

### **Temporary removal of routine D4 medical for renewal of HGV licences**

The government has [announced a temporary relaxation](#) of the requirement for bus and lorry drivers to provide a doctor's medical report in order to renew their licence. Under the scheme, drivers will be able to receive a temporary 1-year licence, providing they do not have any medical conditions that affect their driving and their current licence expires in 2020. This will help to reduce workload for doctors whilst ensuring that drivers can still have licences renewed.

Drivers with health issues will still need to declare these, and those with health issues that prevent them from driving safely will not have their licence renewed. This temporary change will only apply to those drivers whose licences are due to expire or have expired since 1 January 2020 and not for those making their first application for a Group 2 bus or lorry licence.

## Finance

### **Extended Primary Care Centres – financing**

As promised in the last Update, Kent and Medway CCG has now written to each PCN Clinical Director to confirm arrangements for setting up and financing of their Primary Care Treatment Centre. This communication included guidance as to how the CCG will reimburse agreed costs.



## Communications

### **Every Mind Matters**

Public Health England has launched a new Every Mind Matters campaign to support people to manage their mental wellbeing during this difficult time.

The campaign was launched on 17 April and there are a range of new materials that you may wish to use on your website and social media platforms. Access [Every Mind Matters resources here](#).