

30 April 2020

**For general practice in Kent and Medway**

## COVID-19 Update 14

This update is 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:***

Please do take time to read Simon Stevens' [letter about the second phase of NHS response to COVID-19](#). There are some key action points for us in primary care to take.

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

## **Second Phase of NHS response to COVID-19**

Simon Stevens, NHS Chief Executive and Amanda Pritchard, NHS Chief Operating Officer has sent [this letter about the second phase of NHS response to COVID-19](#). The key action points for us in primary care are:

- Make sure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.
- Complete work on implementing digital and video consultations, so that all patients and practices can benefit.
- Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams. In particular, proactively contact all those in the 'shielding' cohort of patients who are clinically extremely vulnerable to COVID-19, make sure they know how to access care, are receiving their medications, and provide safe home visiting wherever clinically necessary.
- To further support care homes, the NHS will bring forward a package of support to care homes drawing on key components of the Enhanced Care in Care Homes service and delivered as a collaboration between community and general practice teams. This should include a weekly virtual 'care home round' of residents needing clinical support.
- Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate.
- Deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

Kent and Medway CCG are now working through the full contents of the letter and will shortly start to consider with partners and providers the implications for how we all work together to take account of this second phase of response to the COVID-19 pandemic.

## Clinical Advice

### Care homes

The number and percentage of care homes reporting a suspected or confirmed outbreak of COVID-19 to Public Health England by local authorities, regions and PHE centres is now available [online here](#)

### Palliative services flyer

A flyer has been produced to provide health care professionals in east, west and north Kent with contact numbers regarding the palliative services available now. Some of these services are in place in response to the COVID-19 pandemic and include the home treatment service and the overnight IC24 palliative support helpline. The support advice lines provided by the local hospices are also included.

### Flow Chart for completed TEP/ DNACPR

A flow chart has been developed to show where completed Treatment Escalation Plans (TEP) and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms should be stored and sent. This enables the gold standard to be maintained allowing the appropriate teams to view the forms if needed. It is also vital that patients have the original copy of the TEP and/or DNACPR easily accessible at home or in the care home.

### Certification of deaths

In light of national legislative and temporary changes, there have been a number of queries relating to the verification and certification of deaths. For further information please refer to the Kent LMC website <https://www.kentlmc.org/eoldeathcremationcertification> which contains links to the latest national guidance.

### Safeguarding

#### *Fever in children*

Concerns have been raised nationally regarding fever in children especially those under the age of 3 months. In a recent national case, a baby died who was assumed to have a temperature due to COVID-19 and subsequently died as a result of

meningitis. Please maintain a low threshold for face to face consultation especially in under 5s.

The Royal College of Paediatrics and Child Health has produced a poster for parents that may be helpful [https://www.rcpch.ac.uk/sites/default/files/2020-04/covid19\\_advice\\_for\\_parents\\_when\\_child\\_unwell\\_or\\_injured\\_poster.pdf](https://www.rcpch.ac.uk/sites/default/files/2020-04/covid19_advice_for_parents_when_child_unwell_or_injured_poster.pdf)

### ***Private fostering arrangements***

During the current pandemic, it is likely that there may be an increase in private fostering arrangements as families with key workers or with family members who are self-isolating may choose to make alternative care arrangements for their children.

If these children remain living outside of their normal family home and with wider family or friends for 28 days or more, they are considered to be in a private fostering arrangement and the local authority must be contacted in order that statutory checks can be made. Remember if you become aware of any such cases, you must notify Children's Services using usual safeguarding referral pathway or call 03000 411111.

## IT

### Remote working

We know that increasing numbers of you are benefitting from the IT solutions we have put in place to enable remote working. We have had lots of positive feedback - in particular Away From My Desk (AFMD) is really proving helpful in some practices. One user fed back that not only did they find the software really easy to use, but when they had one little issue connecting at 7.30pm the night before Good Friday AFMD got back to her and sorted in 20 minutes. We've also listened to feedback and have worked to improve set up processes and produced the attached user guide. The user guide should help you make remote working work for you - why not use it today to find out how to sign up to what you need?

This user guide is intended to be one of a series to make digital products easier to access and use. We welcome your feedback on this example and any other areas of information you would like to know more about.

### Phase 4 of Electronic Prescription Service (EPS)

#### *What are the benefits?*

- Almost all prescriptions will be processed and signed electronically – in most cases, over 95% of prescriptions will be processed this way and only a small proportion will be hand signed.
- Only using one main process for prescriptions will lead to a more efficient, faster and secure service for you and your patients.
- If a patient without a nomination loses their token it can easily be reprinted.
- Ability to track more prescriptions using the EPS Prescription tracker <https://portal2.national.ncrs.nhs.uk/prescriptionsadmin/> (link will only work when using smartcard)

#### *How does it work?*

EPS currently allows prescribers to send prescriptions electronically to a dispenser of the patient's choice, known as their "nominated" dispenser which accounts for approximately 70% of all prescriptions issued in England. EPS Phase 4 (EPS4) (currently available in EMIS) enables EPS to become the default for prescribing dispensing and reimbursement of prescriptions in primary care in England.

In EPS4, patients without a nomination will be given an EPS token (patients may refer to these as "paper copies" of their prescription) at the GP practice. The token is given to the patient (or their representative) or collected as part of the prescription collection service. The patient or their representative can take the token to any

pharmacy in England where the bar code on the prescription will be scanned and pulled down from the spine to be dispensed.

***How do you activate?***

To activate EPS4 for EMIS practices

- Login to EMIS Now website with your CDB (Customer number) [https://www.emisnow.com/csm/?id=kb\\_article\\_view&sys\\_id=7c4eb5881b6c54106281fcc1cd4bcbd5](https://www.emisnow.com/csm/?id=kb_article_view&sys_id=7c4eb5881b6c54106281fcc1cd4bcbd5)
- Complete the activation form [here](#) requesting for EPS4 to be activated and submit your request (this will require the approval of a clinician within our practice).
- Practice will receive a confirmation email once EMIS have activated EPS4

If you require further advice & support with EPS4, please log a call with the NEL Service Desk 03000 424242 or via the Self Service Portal: <http://marval.nelcsu.nhs.uk/nelfselfservice/local> and a member of the GP IT Facilitation Team will contact you.

## Communications

### Help Us Help You

Tomorrow (Friday 1 May) is the next campaign day of the Help Us Help You campaign which encourages people to use the NHS appropriately. This time focussing on the importance of immunisation and screening. Key public messages will include:

- Please attend screening appointments
- Please take your child for routine immunisations
- Please make an appointment if you think you have any cancer symptoms.

The [guidance letter for general practice](#) issued on 14 April provided information about the importance of maintaining the routine immunisation programme including all routine childhood immunisations. However, it clarified that due to the public health advice on social distancing and shielding, that practices are not expected to offer the opportunistic shingles vaccine for those aged 70 years, unless the patient is already in the GP practice for another reason.

### Signposting to community support

Health partners and providers, local authorities and emergency services across Kent and Medway are working together to provide information at [www.kent.gov.uk/wellbeing](http://www.kent.gov.uk/wellbeing)

[It is](#) for people experiencing bereavement and loss, debt and financial difficulties, pregnant women and new mums needing extra support, families looking for help with young children or teenagers. There is support for those who might already have pre-existing mental health conditions, are victims of domestic abuse or are people in the shielded community. The site also offers help for people with learning disabilities, people who don't use English as a first language, carers and NHS staff, care staff and other key workers.

Vulnerable people in Kent who need urgent help, supplies or medication can also contact the Kent Together helpline at [www.kent.gov.uk/KentTogether](http://www.kent.gov.uk/KentTogether) or by calling on 03000 41 92 92. It is a 24-hour service. Kent Together is a single, convenient point of contact for anyone in the county who is in urgent need of help during the Coronavirus outbreak.



## Medicines & Prescribing Guidance

### **Urgent prescriptions for patients who are shielding**

Kent and Medway CCG, alongside the Local Pharmaceutical Committee, are developing a Standard Operating Procedure (SOP), which will be shared in the coming days, for the provision of urgent prescription medication to patients who are shielding, including care home patients.

The SOP will outline the steps a prescriber should take when they prescribe an urgent medicine to a patient who is shielding, including the importance of communication to the community pharmacy about the urgency of the prescription to ensure that the medicine can be delivered in a timely manner. The CCG is working on a solution to provide direct contact numbers for pharmacies and an update will be provided when this is confirmed.

### **Information for dispensing doctors**

We have been asked by Julia Booth, NHS Head of Primary Care (South East) to circulate information about delivery services and Regulation 61 to dispensing doctors.

#### **1. Delivery service for patients meeting the COVID-19 shielding criteria**

The letter published by NHS England and NHS Improvement (NHSE/I) on 10 April 2020 set out requirements for both community pharmacies and dispensing doctors to ensure that patients who meet the COVID-19 shielding criteria have their medicines delivered. A copy of the letter can be found here: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0265-Pharmacy-letter-re-delivery-service-10-April-20.pdf>

The specification for dispensing doctors starts on page 10 and the document explains that there have been changes to the terms of service as well as the option to provide an additional service. Payment for the element that is covered by the terms of service is set out on page 11. This means that dispensing doctors must ensure that patients, who meet the COVID-19 shielding criteria for whom they dispense prescriptions, have their medicines delivered. This may be by friends/family/carer or volunteer or by a pharmacy that is providing a delivery service.

The additional service is optional and payment of £5 plus VAT will be paid for deliveries made by the practice. There is no “sign up” process as such for the service and the national NHSE/I team have confirmed that the claiming and payment mechanism is still being worked up. Practices should keep the details of deliveries made (patient name and date) so that claims can be made when the process is established. We will provide further information as soon as it is available.

The delivery service does not affect any of the rules associated with dispensing and the usual eligibility criteria for dispensing remain unchanged.



## **2. Regulation 61**

The Pharmaceutical Services (Advanced and Enhanced Services and Emergency Declaration) Directions 2020 have enacted Regulation 61 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The link to Regulation 61 is here: <https://www.legislation.gov.uk/ukxi/2013/349/regulation/61/made>

Under Regulation 61(1), NHSE/I may “require” a dispensing doctor to dispense to patients who normally wouldn’t be eligible. We can envisage that this could be needed to maintain access to pharmaceutical services if a pharmacy in a rural area closed for a period of time. The South East regional pharmacy team is closely monitoring pharmacy closures and assessing the impact of each case. A small number of pharmacies have closed because of COVID-19 related illness or because they are in a large shopping centre with greatly reduced footfall. To date we have not “required” any dispensing practices to provide dispensing services for patients dispensing doctors are not otherwise entitled to dispense for. Therefore, there should be no change to the services that dispensing doctors are providing.

PCC have written a guidance document which clearly explains the provisions associated with Regulation 61 (pp. 2-3). The guidance can be found here: [https://pcc-cic.org.uk/sites/default/files/articles/attachments/briefingflexible\\_provision\\_of\\_pharmaceutical\\_services\\_apr\\_2020\\_final.pdf](https://pcc-cic.org.uk/sites/default/files/articles/attachments/briefingflexible_provision_of_pharmaceutical_services_apr_2020_final.pdf)

If you have any questions about either the delivery service or Regulation 61, please contact the NHSE/I South East primary care team by emailing [england.se.primarycare@nhs.net](mailto:england.se.primarycare@nhs.net)

## Administration

### Shielded Patients

Thank you for your support in identifying your patients who should be advised to shield. The updates you are providing means that the patients you identify can be added to the Shielded Patient List, so they receive shielding advice, and any additional support they need.

Patients have been added to the Shielded Patient List in three ways:

1. Practices have been sent a list of centrally identified patients by NHS Digital and are being asked to review the notes to check the codes are correct.
2. GPs can use their discretion to add a small number of further patients who they feel are at particularly high risk and would benefit from shielding. This should be done on an individual basis based on a clinical assessment.
3. Secondary care consultants are adding additional patients who they feel need to shield. GPs should not need to remove these from the list but if there are any concerns, the patient should ask their consultant.

We have been told that practices have also been sent a list of patients who have self-registered. GPs need to review this list and add patients who meet shielding criteria.

The Chief Medical Officer has now confirmed that renal dialysis patients should be advised to shield. Where they have not already done so, renal units will get in touch with patients, send them a letter and add them to the Shielded Patient List via the regular trust submissions to NHS Digital. GPs are asked to note this, but they need take no further action on renal dialysis patients now.

NHS Digital has published information about the shielded patient list on their website [here](#) which gives an overview and further technical detail about the processes involved.