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Housebound Flu

Issues around gaps in service for housebound patients have been highlighted by the LMC for some time. The LMC has asked the CCG that the vaccination of housebound patients is built into the Community Providers' contracts from next year with unambiguous targets.



Workload Survey

In East Kent the LMC and EKHUFT have been working positively together through the issues highlighted by the workload survey. Issues have been addressed around radiology and the LMC will be discussing this across other acute trusts.

There have been positive conversations with Maidstone and Tunbridge Wells Trust about how to take the findings from the survey forward. Both DVH and MFT are experiencing significant pressure from the pandemic so following up on the workload survey is quite rightly on hold. The CCG are grateful for the LMC's work on this issue.

GPIT

Morfydd Williams, the new Kent & Medway CCG Director of Digital Transformation is now in post. The LMC are holding bi-monthly meetings with Morfydd, who will also be attending a future full LMC meeting.

At the Full LMC meeting members discussed IT issues within the Covid Vaccination Programme, and the benefits of the text messaging facility with AccuRx. The CCG subsequently announced AccuRx and the text messaging facility will be funded until end June 2021, and may be extended further dependent on a longer term decision.

Primary Care Quality Standard (PCQS)

The second phase of PCQS is currently working through the CCG's governance. (e.g. Shared Care and PSA)

Medway have received their offer to deliver phase 1 PCQS from April 2021. The LMC have run a webinar for Medway practices to offer advice and guidance on signing up, sub-contracting, and working together ahead of the go-live date.

Covid Vaccination Programme

We are aware that practices have been experiencing pressure from patients and MPs regarding access to Covid vaccinations.

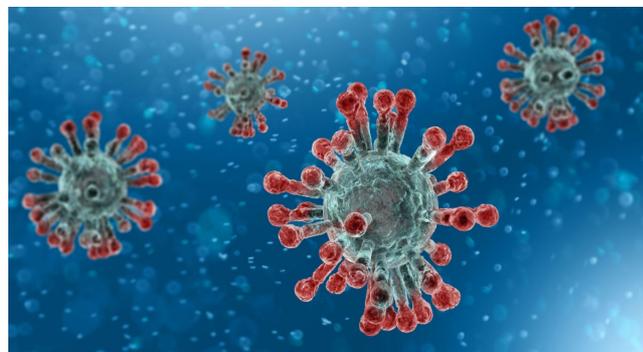
The LMC highlighted the inequality experienced by patients of practices not signed up to the Covid Vaccination Programme at its meeting with the CCG on 21 January 2021. Practices have valid reasons for not being able to take part and the LMC queried whether some flexibility could be permitted to allow them to receive the AZ vaccine when Community Pharmacies were receiving it.

The CCG recognised that the governance of the CVP was quite rigid but many decisions are being made centrally by NHSEI. The CCG's role has been to support practice groupings to become authorised by NHSEI to deliver vaccinations.

The CCG recognises that there are some gaps in coverage across Kent and Medway but expects that when the mass vaccination sites ("MVSs"), Hospital Sites and GP sites are all operational all patients will be covered.

The LMC are in daily discussions with the CCG around housebound patients, and it is agreed that there needs to be a mixed model of delivery. Unfortunately no additional funding will be provided to reflect the actual work involved!

It is recognised that vaccine anxiety appeared to be highest amongst the BAME community and the LMC and CCG discussed what could be done to increase the number of BAME population ready to accept the vaccine when it was offered. The CCG are working with the communications team on this issue, and are looking at producing material in different languages. The LMC has published a link for [information that practices can use to promote the vaccines to BAME communities](#) on their website.



Covid-19 Vaccinations for Locum GPs

The LMC has received reports of difficulties experienced by locum GPs in obtaining Covid vaccinations. All healthcare professionals should be able to obtain vaccinations through the vaccination hubs currently being developed within hospitals or GP vaccination sites.

Locums may have to inform their practice that they are a registered healthcare worker so they can be invited for vaccination at a GP led site. Otherwise they can book in at a hospital hub site using [this link](#). Please note, healthcare workers will be required to bring along evidence of entitlement to the vaccination at a hospital hub site.

Any locum GPs experiencing difficulties should contact the office (info@kentlmc.org).

Pulse Oximetry at home (CO@Home Service)

CO@home (previously referred as Covid Virtual Ward but now renamed to CO@home) is delivered and supervised by primary care to monitor remotely confirmed Covid19 patients at home/care home who are deemed high risk. These patients are provided with a pulse oximeter to monitor oxygen levels and intervention from the service if saturation levels fall below certain levels.

Covid Virtual Wards is an acute led service. This will support the earlier and safe discharge of Covid 19 inpatients. Covid virtual wards have been proven to reduce admissions/bed occupancy and improve length of stay. This acute led service is being piloted in Medway and will be available soon across Kent and Medway.

Covid Home Visiting

There had been commitment by the CCG to ensure this service is available across Kent & Medway.

We are working with the CCG to ensure that there is consistency of provision across Kent and Medway for these services and practices are informed about how to access them.

Workload prioritisation

A [joint letter published in the CCG bulletin](#) between the LMC & CCG outlines what practices can stop doing to focus on urgent and essential services, and the covid vaccination programme. The letter lists the service priorities and practices are asked to follow the RCGP guidance which outlines services what can be stopped. The LMC are in consultation with the CCG regarding plans post-March.

Tackling racism and discrimination in NHS

We are pleased to announced Dr Gaurav Gupta has been elected as a member of the National BMA BAME forum, Dr Zishan Syed has been elected as a member of the BMA South East Coast BAME Network, and Dr Sarah Westerbeek is the Equality Champion for the Sessional Committee of GPCUK. It is anticipated that these roles will provide an opportunity to see what is happening on a national level. LMC representatives have been invited to a workshop in February to discuss how to take this matter forward.



GP Bank/pool initiative

There is a system £120k investment offer from NHSEI, which the CCG is planning to invest in a locum bank pilot covering Kent and Medway. NHSEI would provide funding for one year, an IT system and administration support. The CCG is also exploring whether this can be extended to include all healthcare professionals working in primary care and that it would be up and running by the end of March 2021. The LMC was concerned at the short timescale for setting the bank up; the non-recurrent funding; and whether the proposals represented an attempt at price capping/fixing and whether this was appropriate. The CCG could foresee benefits from standardisation of rates of pay but could not comment whether this would be appropriate. It also did not want to introduce a system that was bureaucratic and unattractive.

Gender Dysphoria

The CCG sought the view of the LMC about GPs taking on shared care for this group of patients, highlighting how guidance from NHSEI suggested that this should be carried out in general practice. The LMC stated that it was not appropriate to request GPs to take on this highly specialised work and would be more appropriate if this was dealt with through a commissioned service.

Kent Community Health NHS Foundation Trust/LMC Interface Meeting

The LMC held their first interface meeting with KCHFT. The purpose of the meeting was to improve interface between General Practice and Community Provider, improve patient care and experience, and to hold a forum for exploring issues of mutual concern. It was recognised that there is a significant amount of variation in how KCHFT's services are configured across Kent and Medway, and there was a common desire to see what opportunities there were for reducing this where appropriate.

KCHFT have been delivering Covid vaccinations from several sites since late December 2020 with more coming online over the near future. These sites have been focusing on vaccinating staff but will expand to include wider community soon. KCHFT is working with the CCG to prepare the roving model and recruiting new staff to support vaccine delivery. GP vaccination sites have been informed of how they can access these additional staff. The LMC reflected on how relationships with district nursing teams have become more distant. KCHFT described how the model of district nursing has evolved, and although it would be desirable to maintain and build upon the relationship between GPs and district nurses, the way in which teams are organised and work with the Local Referral Unit makes it more challenging.

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