



24th January 2022

Dear Colleagues

Welcome to the second weekly edition of the LMC Express.

This week's local updates include:

- COVID vaccinations as a condition of employment (VCOD) – Update
- Walk-in Vaccination Centres in Kent and Medway
- VCOD webinars
- Anti-vax claims of open criminal investigation
- Positive Lateral Flow Device test results
- New routine referrals (Not Two Week Wait / rapid access) to hospital outpatients via NHS e-Referral Service (eRS) formally known as Choose & Book
- Contact number for patient enquires about waiting times for appointments/ procedures/scans with AccuRx message
- Emergencies in Primary Care Simulation Day
- Update on GP roll-out of NHSE Medical Examiner (ME) System to scrutinise non-coronial deaths

The national update from the BMA also has important updates covering the following subjects:

- Mandatory vaccinations FAQs for GPs and practices
- Extension of free PPE to the health and care sector
- Face coverings in practice premises
- Guidance on COVID-19 Infection Prevention and Control for GP practices
- COVID-19 self-isolation can end after 5 full days following 2 negative LFD tests
- National Standards of Healthcare Cleanliness 2021

COVID vaccinations as a condition of employment (VCOD) – Update

We are working with CWJ to provide practices with employment advice to help practices to manage the HR process for staff that will be affected by VCOD. We recognise this is very important and hope to have this with practices before the end of the week.

Last week we contacted practices to ascertain the potential number of staff members, both clinical and non-clinical, who are currently anticipated not to be vaccinated by 1 April 2022. **If you are likely to be affected by this and have not yet responded please can you complete the following table and email to info@kentlmc.org.**

	Clinical	Non-Clinical
Number of Practice Staff		
Number not currently vaccinated		
Number who are unlikely to be vaccinated by 1/4/22		

Walk-in Vaccination Centres in Kent and Medway

We understand that some staff have concerns about being able to organise their first vaccine in time to comply with VCOD timelines. We are advised that there are a number of walk-in centres operating across Kent and Medway and staff should be able to attend and be seen without too much delay. They can be found here [Covid-19 vaccination :: Kent and Medway Clinical Commissioning Group \(kentandmedwayccg.nhs.uk\)](https://kentandmedwayccg.nhs.uk). Please note: the vaccination centres marked on the map with a green circle with a running man in the centre represent the walk in centres.

VCOD Webinars

LMC Webinar for Practice Managers re Staff Vaccination

To support practices that are going to be affected by VCOD we are planning to hold a webinar this week for Practice Managers with ourselves, the CCG and legal support to provide advice on the next steps. You are welcome to join either of the webinars by clicking on the links below: The webinars will be held on:

- **Tuesday 25th January at 12-1** - [Click here to join the meeting](#)
- **Thursday 27th January at 6-7pm** - [Click here to join the meeting](#)

Staff Vaccination Q&A for Primary Care Staff (NHSEI)

NHSEI will also be running [national webinars on staff vaccination Q&A sessions](#) – Each session will be tailored for a specific audience and hosted by a relevant clinical professional, and give staff an opportunity to ask any specific questions regarding Covid-19 vaccines.

Attendees have to pre-register to get the links and registration closes 3 hours before each session starts.. **The next Primary Care session will be on in Wednesday 26 Jan, 12noon-1pm.**

A guide to holding compassionate conversations with colleagues concerned about the Covid-19 vaccine – by NHSEI

We have included 2 documents produced by NHSEI intended to support compassionate conversations with colleagues about COVID-19 vaccination status. It is a resource for colleague-to-colleague communication.

As mentioned earlier, we are working with CWJ to provide you with HR guidance.

Anti-vax claims of open criminal investigation

For general information, protesters are currently claiming that the Metropolitan Police is investigating the vaccine programme and therefore all vaccine centres are “crime scenes” and should stop vaccinating. This is not true. Kent Police has confirmed this.

Positive Lateral Flow Device test results

From Wednesday 12 January, all Pillar 2, Positive Lateral Flow Device test results will be flowed through to GP systems. In EMIS Web, these will present in the Lab Report Workflow as the following:

- Reportable Item - SARS-COV-2 antigen
- Result Value - Positive
- Standard description - SARS-CoV-2-ANGY

As is the current case for all COVID-19 test results, GP's are not required to take any action on receipt of these results.

All Lateral Flow Device test results should be regarded as self reported. A further technical update will be provided at a later date to differentiate between an "Assisted" lateral flow device result (usually taken at a test centre with results reported by an operative), and those "Self-Report" by the subject/individual.

For further guidance please refer to [COVID-19 and Information Standards SNAP Update, 11 January 2022, Issue 19](#).

New routine referrals (Not Two Week Wait / rapid access) to hospital outpatients via NHS e-Referral Service (eRS) formally known as Choose & Book

Currently most outpatient clinics are not directly bookable so the user needs to book an alternative selection 'defer to provider'. To activate the referral it helps if their referrer/ practice books not just selects - this option. If only 'selected' we are reliant on the patient activating the booking in order for the referral to be passed from eRS to the hospital.

Once an eRS booking is generated the referral is electronically sent to the hospital trust, where in most cases it is triaged to routine or urgent according to clinical details of the letter. The patient is then placed on an internal waiting list, at this point some trusts will inform patients they are on a waiting list (Dartford & Gravesham) but others don't, in this case the patient / GP cannot tell if the referral has been processed by the hospital.

Referral confirmation letter

On eRS once the referring practice / GP books an appointment which as above is usually 'defer to provider' eRS will automatically generate a letter indicating a specific date at which point the patient should have heard from the hospital trust (usually 14-40 days) later. The letter then advises the patient if they have not heard they should phone the hospital appointment line (the letter has an up to date phone number). Currently with most eRS referrals appointment letters are delayed as the waiting times are >40 days. In this scenario having the referral confirmation letter empowers patients to find out more information about their referral by contacting the booking phone number directly. This is a helpful safety net for patients to follow and have and might avoid calls to practices asking about appointments.

If patients are worried about waiting times, we have compiled a list for hospital providers below this might include patients who are struggling to get information on appointments, x-rays, scans, blood tests or other. These phone numbers are to be given to the patient for them to contact the hospital directly.

Contact number for patient enquires about waiting times for appointments/procedures/scans with AccuRx message

East Kent Hospital University Foundation Trust (EKHUFT)

01227783145 –Patient Advice & Liaison Service PALS, Mon-Fri , 8am - 8pm, weekends and bank holidays 8am-4pm. (PALs line = 4 Options 1 To book, change, cancel reschedule out patient appointment 2. To book, reschedule, cancel blood test appointment 3. Waiting for surgery to speak to patient helpline 4. PALS representative)

Suggested AccuRx message

"We are sorry you are having difficulties with your appointment at East Kent Hospitals which include (William Harvey, Canterbury, Margate Folkestone or Dover) the best way to find out more is for you to ring the hospital Patient Advice & Liaison Service directly on 01227783145"

Notes For routine referrals no confirmation phone call or letter to say they are on a waiting list, letter sent at some point before referral to notify

Maidstone & Tunbridge Wells NHS Trust (MTW)

01622 228 223. Clinical Administration Line Mon-Fri 0800-1800. (6 different options for different specialities eg 1. Ophthalmology / ENT . 2 General Medicine. If needed they will direct to consultant secretaries, but secretaries do not book appointments)

Suggested AccuRx message

"We are sorry you are having difficulties with your appointment at Maidstone Hospitals the best way to find out more is for you to ring the hospital directly on 01622 2282223"

Notes. MTW trust triage via consultant to urgent / triage then a holding letter is sent to inform the patient that they are on an internal waiting list with a number to phone if they have queries.

Medway NHS Foundation Trust

01634 969800 – Mon to Friday 0800 to 6pm. Saturday 0900-1300 patient service centre book or reschedule appointment. Appt requires and referral queries

Suggested AccuRx message

"We are sorry you are having difficulties with your appointment at Medway Hospital the best way to find out more is for you to ring the hospital directly on 01634 969800 – Mon to Friday 0800 to 6pm. Saturday 0900-1300 "

Notes. Medway & Maritime referral are triaged by consultant to urgent or routine, no confirmatory phone call or letter is sent to the patient to advise them they are on a waiting list.

Dartford & Gravesham NHS Trust (DVH)

01634969800 Mon-Fri 0800-1800. Sat 0900-1300.

Suggested AccuRx message

"We are sorry you are having difficulties with your appointment at Dartford & Gravesham Hospital the best way to find out more is for you to ring the hospital directly on " 01634969800 Mon-Fri 0800-1800. Sat 0900-1300"

Notes Hospital will phone patients to inform them they are on a waiting list within 2 weeks of referral being made on eRS.

Emergencies in Primary Care Simulation Day

Kent and Medway Training Hub are delighted to be able to offer clinical colleagues in East and North Kent this exciting opportunity to attend this training around emergencies that can occur in primary care at the Digital Innovation Centre in Folkestone using simulated scenarios. The session will be run jointly with the Primary Care Simulation Team and staff at the DIC

[Emergencies in Primary Care Simulation Day Tickets, Tue 22 Feb 2022 at 09:00 | Eventbrite](#)

Update on GP roll-out of NHSE Medical Examiner (ME) System to scrutinise non-coronial deaths

For those practices not yet involved the Medical Examiner role is being introduced across England to scrutinise the cause of death of individuals to support learning and improve the registration of death process. MEs also liaise with families of the deceased and provide them with support and feedback. This system has been in place for in-hospital deaths for some time and is now being rolled out to deaths in the community, it is likely to become a statutory process in the coming year. It has been rolled out over throughout Kent and Medway at ICP level for the last year or so.

What is with the ME system?

For deaths in the community that you would **not** usually report to the coroner there is a new process before completing the Medical Certificate of Cause of Death (MCCD).

Who is a Medical Examiner?

Medical Examiners are appointed senior clinicians Consultant or GP. In Kent & Medway they are usually based / working out of an office of local hospital trust.

What does a GP have to do?

When a patient dies in the community the GP reports the death to the Medical Examiner for them to scrutinise the circumstances of the death. The GP report requires proposed causes of death, a brief outline of circumstances leading to the cause of death and a medical summary. In some areas the MEs also have access to GP clinical systems (EMIS) and the Kent Medical Care Record (KMCR) to aid information gathering. The electronic report is submitted to the ME according to local systems which vary according to ICP/HCP areas. Once the report is submitted the ME will respond within a planned 2-3 working days in most cases the ME will authorise completion of the MCCD, but sometimes the ME will want to discuss the case to get more information. Once authorised by the ME the GP can complete the MCCD in the usual way.

How does a GP practice know when they need to do this?

The rollout is happening on an ICP/HCP footprint and practices are being contacted and initially invited to participate in the process. The medical examiners can support bereaved families giving them the opportunity for families to ask questions about the proposed cause of death.

Is this more workload for GPs?

The answer appears to be yes there is more workload for GPs but it is minimal, of the practices currently involved most have found the process to be straightforward and it can be helpful.

Kind regards

Kent Local Medical Committee