



29<sup>th</sup> November 2021

Dear Colleague

Please see below our latest updates for your information:

### **South East Coast Ambulances (SECAM) use of Kent & Medway Care Record (KMCR) update work in progress**

At a recent meeting (SECAM) representatives indicated that members of their teams do have access to KMCR, which means for GP EMIS records includes problem lists, medications but not free text. SECAM call handlers are aware a KMCR might be available but cannot view it, SECAM clinicians in call centres / hubs can see the KMCR and do use them to help assess lower priority 999 / 111 calls to avoid ambulance dispatch and signpost/ manage via alternative routes.

Ambulance crews on the ground cannot see KMCR on their IPADs but they can phone for an update from an available clinician at their local control centre.

DNACPR flagging to call handler IT systems is not yet linked directly to KMCR. If practices wish to inform SECAM of a DNACPR please continue to email a copy of the DNACPR directly to [dnacpr.secamb@nhs.net](mailto:dnacpr.secamb@nhs.net).

It's not clear that attached Treatment Escalation Plans on KMCR are visible to SECAM so please do still leave a paper copy at a patient's home or care home.

### **Lloyd George Notes Digitisation Programme**

The National Lloyd George Notes Digitisation programme for EMIS practices has been 'unpaused' and procurement for full digitisation of notes for a limited number of Kent and Medway practices will start shortly. This wave two pilot for full digitisation is limited to the £1.5million funding previously allocated to Kent and Medway, which should allow full digitisation of up to 24 practices dependant on list size.

NHSE has carried out a strategic review of the digitisation programme and learning from the pilots so far. Rather than rolling out a programme to continue scanning of all records locally, NHSE will be running a national 'digitise-on-demand' programme. Details and timeframe are to follow, but these long-term arrangements for Lloyd George notes will include:

- centralised storage of all paper medical records long-term
- on-demand scanning capability to agreed national standards
- electronic transfer of records to GP practices, when required, for clinical reasons or for subject access requests
- an information governance framework to run such a service – GPs will remain data controllers for their patient records and NHSEI will act as a data processor via a Data Processing Deed.

To prioritise practices for the full digitisation programme and later 'digitise-on-demand' services, we need practices to provide updates on any existing off-site storage arrangements, status on notes summarisation and more details on the size and type of space that could be vacated and repurposed for clinical or administrative use.

Practices are requested to complete a short online survey (maximum of eight questions) using the link below by **Friday, 3 December**. Before completing the survey, practices will need to have the following information to hand:

- off-site storage provider and contract end date (if already in place)
- how long will it take to summarise notes (greater or less than six months) if not already done
- brief details on the current storage area, location and dimensions.

Once you have this information, [please complete this survey](#).

## Access to Records Programme Update

Following our letter to NHSX highlighting our concerns about the programme launch for December 2021, **the programme has been paused till April 2022**. The GPC will now be working with an expert panel and NHSX to look at the entire programme in detail to ensure its safety and workload implications on general practice.

## LMC Conference 2021

The Annual Conference of England LMCs was held last week (25-26 November).

At the first session there were a variety of debates, and motions were passed on the negative impact that inappropriate transfer of workload from secondary care to primary care; the use of 'advice and guidance' which cannot be mandated; GP representation in Integrated Care Systems; review of NHS 111; and sustainability and carbon neutrality in general practice.

The following day, the Conference passed motions on online consultations; PCN DES guidance, GP contract reforms; and the COVID vaccination programme. There was also a very powerful and moving themed debate on Wellbeing for those working in general practice – something that is the focus of our [Support Your Surgery campaign](#), referenced again below.

In the afternoon of Friday, there was a closed session which closed to the media and which was not broadcast, to allow business to be debated without the constraints of a media spotlight. In the closed session, representatives discussed GPC England transparency; PCN DES; NHSE/ 'access plan'; and accelerated patient access to medical records.

In her inaugural speech to conference, the newly elected chair of GPC England, Dr Farah Jameel, lay out her vision to the profession. Her appeal for the Government and GPs to work together to 'build general practice back better' was particularly apt, and the statement that we are at a crossroads for general practice in England.

Attendees were pleased to see highlighted the immense efforts of all GPs throughout the pandemic, including the hugely successful vaccination campaign, and the difficult truth that many family doctors have been left demoralised, broken and exhausted.

On Friday afternoon, conference also discussed the results of the indicative ballot of GP practices in England. As you know, this was launched by the BMA after the profession rejected the Government's so-called winter 'rescue package' for general practice. The indicative ballot results showed that 84% of respondents said they would welcome non-compliance with COVID-19 exemption certificate requests, 80% said they would change the way they reported appointment data, and 58 % said they would support withdrawal from the PCN DES at the next opt-out period.

Read the [press statement](#) and full [transcript of her speech](#).

A list of resolutions and a recording of the event will be published on the [BMA website](#) next week. Read the [Agenda](#) and [Supplementary Agenda](#).

## Health Select Committee Inquiry into the future of general practice

Last week the Parliamentary Health and Social Care Committee (HSCC), chaired by former Health Secretary, Jeremy Hunt MP, launched a timely [inquiry into the future of general practice](#). The inquiry presents a key opportunity for the BMA to push their GP campaign asks, as well as to raise wider concerns and recommendations.

The BMA will submit a formal response, and you can share your views on review with them by emailing [publicaffairs@bma.org.uk](mailto:publicaffairs@bma.org.uk) by the extended deadline of **Wednesday 1 December**, to support their response. Please do send across your thoughts so that they can represent the breadth of general practice perspectives to this important consultation.

Kent LMC will be submitting a response, but please feel free to submit your own. Members of the public can also [submit their comments](#) directly to the inquiry by 14 December.

## Supporting general practice against abuse

The BMA continue to campaign against abuse of GPs and their staff with a number of resources available on [Support Your Surgery campaign](#) page, which can be used to explain to patients why practices need to work in the way they are doing in order to protect patients, and to make the best use of the available but limited workforce.

The resource package includes a [support your surgery](#) poster and [GP abuse](#) poster, a [template letter](#) to write to your local MP, and a [template letter](#) to share with local patient groups.

The BMA [GP campaign factsheet](#) can also be used to rebut the misinformation in the media and to proactively include in social media posts, letters to the local press or MPs.

Please continue to show your support by signing the [Support Your Surgery petition](#) to put pressure on the Government to support general practice.

You can also get involved in the [#SupportYourSurgery social media discussion](#)

Please do all you can to help the BMA defend and support general practice at this critical time. Kent LMC and the Kent & Medway CCG have been working together help tackle abuse in general practice. Please see our website for the [Toolkit](#) that has been produced for use in your practice.

## Your wellbeing

The BMA offers supportive [wellbeing services](#) which include **face-to-face counselling**. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call **0330 123 1245** or [visit the website](#) for more information.

## Updated infection control guidance (UK)

New [infection prevention and control \(IPC\) guidance](#) has now been published by the UK Health Security Agency, issued jointly by the Department of Health and Social Care, NHS England and the devolved nations' public health departments. It covers seasonal respiratory viruses and supersedes the previous COVID-19 specific guidance.

It recommends that face masks for staff and face masks/coverings for all patients and visitors should remain as an IPC measure within health and care settings over the winter period.

It also recommends that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care setting, and that it should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed. This follows the specific recommendations for changes to [IPC guidance in primary care](#) published last month. The BMA have already stressed that 1 metre social distancing will be

difficult for some smaller surgeries and as such there will still have to be a reduced capacity in some practices. The guidance strongly emphasises that local decisions and risk assessments will ultimately decide whether a face-to-face consultation is appropriate and where physical distancing can be safely reduced. It is therefore for practices to determine what arrangements they have in the surgery.

## GP appointment data

The [GP appointment data for October have now been published, showing](#) an increase in the number of GP appointments, including the number of those being seen face-to-face.

Last month practices in England delivered more than 4 million more appointments than they did in September, a total of 33.9 million in October, and more than 3 million more than they did in the same month pre-pandemic in 2019. Meanwhile the number of people being seen face-to-face continues to rise, which underlines how wrong suggestions are that practices are closed and not seeing patients in person.

What's not picked up in these statistics though are the reams of other work that GPs and their colleagues do outside of consultations and at the same time we are continuing to lose GPs. Staff are exhausted and demoralised, and there are simply not enough hours in the day to provide safe, quality care to patients. Read the full statement [here](#)

## Updated PGD and national Protocols for COVID vaccination programme

Updates to the following PGDs and national protocols, for the COVID-19 vaccination programme in England, have been published:

[National protocol for COVID-19 mRNA vaccine BNT162b2 \(Pfizer/BioNTech\)](#)

[National protocol for Comirnaty® COVID-19 mRNA vaccine](#)

[Patient group direction for Comirnaty® \(Pfizer BioNTech\)](#)[Patient Group Direction for COVID-19 mRNA vaccine BNT162b2 \(Pfizer/BioNTech\)](#)

## New interactive ESA 113

The new interactive ESA 113 form, which healthcare professionals fill in if the Department of Work and Pensions (DWP) asks for information in connection with Employment and Support Allowance or Universal Credit, is now live on the [gov.uk website](#)

Kind regards

The Kent Local Medical Committee