

Health Education England working across Kent, Surrey and Sussex - South East

GP Specialty Training bulletin - Covid-19 special

Monday 6 April 2020



Covid-19 advice and support

The GP School appreciates how difficult training and working is at present whilst the country tackles the coronavirus. The following information is to offer some support and guidance for Training Programme Directors (TPD) in order to reassure GP trainees in their patches.

Details remain subject to change but are correct at this time.

Trainee information generally can be found [here](#).

Contact from trainees with the Healthcare Education Team (HET) should continue to be via the [PGMDE support portal](#).

Covid-19 - GPST working week

The British Medical Association (BMA) and NHS Employers have agreed to a temporary alteration to the junior doctors contract which can be viewed [here](#).

As this is an unprecedented time, clinical work will inevitably and quite properly take precedence over educational activities. However, it is more important than ever that trainees are adequately clinically supervised, given sufficient time to discuss cases and debrief, and that they have sufficient time off.

Look after yourselves and look after your colleagues and team-members. The GP School is also very conscious that many of you be separated from your family which is an added stress at this time.

Guidance on supervision/support for GP trainees in GP placements during the Covid-19 emergency

The usual split of the GP Specialty trainee (GPST) working week into seven clinical and three educational sessions has been suspended during the Covid-19 crisis. Instead all 10 sessions have been rebadged as clinical. This is a national ruling and has the agreement of the BMA. This document is designed to help GP Educational and Clinical Supervisors (ES/CS) supervise and support their GP trainees safely and effectively during this time.

1. Supervision

- GP trainees still need to be supervised at all times while they are working clinically.
- The supervisor for an individual session will often be the ES/CS themselves, but as before, this responsibility can be delegated by the ES/CS to another doctor in the training practice. If the trainee is working on another site, this should ideally be with their usual ES/CS. If this is not possible trainees should at all times be able to access a qualified GP (in person, or via telephone and/or video link) who is a trained clinical supervisor (ES/CS or OOH CS).
- Depending on the experience of the trainee, supervision can be either direct supervision (in the room), near supervision (in the building) or remote supervision (on the phone).
- The level of supervision required should be discussed with the trainee and should match their experience of working in that type of session. Trainees who can work under near supervision for face-to-face consulting may need direct supervision as they learn how to consult remotely. This may involve conducting some joint telephone surgeries until the trainee is ready to work under near supervision.
- Undertaking consultations with remote supervision should only be used for more experienced trainees. The trainee should agree that they are ready before moving to working under remote supervision. Trainees should not normally be lone working as the only doctor on site in a GP surgery.

The Covid-19 crisis is throwing up some new contexts for supervision

- Trainees working remotely due to self-isolation or shielding. Trainees undertaking telephone consulting or other remote clinical working (processing patient results, etc) should have contact with their supervisors at the beginning of each session (to confirm arrangements and check availability), and at the end for debriefing. A supervisor should be available at all times during the session to help them with queries.
- Trainees working in Covid-19 hubs will need appropriate induction and training before working in this environment. There is more information in the section below
- Trainees working in alternative settings; Sometimes trainees will be pulled into working in non-training environments because of local service pressures. This is acceptable, but please follow the guidance in below.

2. Support

- Formal tutorial time and HDRC teaching have been suspended during the current crisis. A full-time trainee can be based in the practice for 10 clinical sessions.
- However, these 10 sessions should still include (inside the usual 40-hour working week) an opportunity for supervision and debriefing after each session with the supervisor for that session.
- There should also be time set aside each week (again, inside the 40-hour working week) for a fuller debriefing on the week with the supervisor. This should include discussion of challenging patients/scenarios and exploring the trainee's responses to working in new ways and under an increased workload pressure. As a guideline one hour should be allowed for this.
- The 10 clinical sessions should include the time that trainees need to spend in acquiring new knowledge and skills to practise safely during the Covid-19 pandemic, e.g. accessing telephone consulting training material.
- Local GP programmes are organising virtual group work, using Skype or similar, usually on Wednesday when the HDRC would have usually taken place. Trainees tell us this is a really valuable opportunity; therefore, supervisors should make every effort to release trainees for these times, usually for no more than an hour a week.
- Local TPDs are trying to maintain the pastoral support they provide to trainees, but this is becoming increasingly stretched as they are pulled back into their practices to do clinical work. Retired educators may be able to help and there is a recruitment project underway.
- If a trainee is struggling and needs additional support beyond what is immediately available, then contact the Patch Associate Dean for advice. See below for list of general support options available outside GP.

There may be times in the next few weeks and months when workload pressures are such that time is not always available for these discussions. Working out how the trainee can practise safely during Covid-19 is shared responsibility between supervisor and trainee. Supervisors should check regularly on the welfare of their trainee.

The trainee (as always) has a professional responsibility to monitor their own wellbeing. If the trainee feels that their working arrangements are compromising their ability to work safely then they must raise this urgently with their supervisor. If after this discussion the trainee and the supervisor cannot reach a satisfactory solution, they should contact their Patch Associate Dean (PAD) for further guidance.

Guidance for GP trainees wishing to undertake additional sessions

In line with the relaxation of working hours requirements above there are a number of scenarios in which GP trainees may wish to work additional hours.

1. GP Out of Hours/Urgent and Unscheduled Care

In order to support the Urgent Care service, the GP School has agreed that trainees may be paid for some additional 'green'/remotely supervised Out of Hours (OOH) shifts.

Conditions

- The trainee must be in their last six months of ST3;
- the OOH provider has offered the shifts and agreed payment;
- the shifts have clinical supervision to the same standard as other 'green' shifts;
- the trainee has clinical indemnity for this work agreed with their defence organisation and evidence of this is given to the OOH provider;
- the trainee has completed, or has confirmed the timing of, the minimum number of hours specified in the work schedule of their current GP post (pro rata for Less Than Full Time trainees);
- the trainee's current trainer has agreed to the trainee doing this work (consent not to be unreasonably withheld for any reason other than educational or patient safety grounds);
- the work does not interfere with training in respect of either the trainee's learning or the European Working Time Directive (EWTD);
- the trainee is paid direct from the OOH provider with no Lead Employer involvement;
- the trainee declares any OOH income as secondary employment.

The GP School support trainees working in this role as it is an opportunity for further supervised sessions which help prepare them for the future.

2. Acute Trust base

Trainees may agree to work additional sessions within an Acute Trust base (e.g. Emergency Department setting) whilst working in a GP placement.

Conditions

- The trainee has discussed this with their GP trainer and their ES;
 - it is felt by both the above that such additional sessions are unlikely to detract from the work or progress in training in GP. Support for such a request should not unreasonably be withheld. If there are concerns regarding trainee progression within GP, this request should be discussed with the PAD;
 - additional sessions must not affect the existing work schedule/EWTD;
 - employers need to log additional work, which must also be declared on next Form R.
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Covid-19 GPST progression

The established training processes have already been disrupted by the viral pandemic with no rotations in April for all grades and all specialties across the NHS. The CSA and AKT examinations have also been cancelled, more information is available [here](#).

Some GP trainees with specialist skills such as those with anaesthetic experience have offered to move back into ITU environments. These moves as well as movement of high-risk individuals have to be approved on an individual basis by all educators involved, including the Director of Medical Education (DME), Primary Care Dean (PCD) and Postgraduate Dean (PGD).

Educational Reviews and the ARCP process (for time critical panels) will continue as planned but will be undertaken remotely and using a streamlined process. There will be an acceptance that Work-Placed Based Assessment (WPBA) will be disrupted and the ES and ARCP panels will make appropriate consideration for the circumstances. RCGP requirements for WPBA can be found [here](#).

Further clarification as to the impact for those unable to complete their training as planned will be circulated as soon as it is available. The GP School wants to reassure all concerned that GP trainees will not be disadvantaged by the current circumstances – we will support trainees to have their very best chance to succeed, as we always have. Arrangements for ST3s are under discussion with all the relevant bodies, and updates are anticipated shortly.

Covid-19 GPST special circumstances

1. Trainees who can't work face to face with patients for whatever reason e.g. self-isolating, in at-risk group

Trainees should, where possible, be supported to work in non-patient areas in the practice or from home, subject to IT and adequate remote supervision. Supervision can be over phone/video link e.g. Zoom, Microsoft Teams. Suggestions for work they might undertake are outlined below:

2. No supervisors are available in the practice

Trainees can continue to work and alternative methods of supervision should be explored e.g. another GP within the practice can supervise. Can the trainer supervise from home? Can a trainer from a neighbouring practice supervise remotely?

3. Trainee wants to work in an alternative setting e.g. local practice with staffing issues; OOH or Covid-19 hub

If the healthcare response to Covid-19 requires, then there should be flexibility for trainees to work in such settings and guidance on this is included below, which highlights the importance of trainee wellbeing. Trainees should always have access to supervision.

4. Trainees who want to increase their hours in GP beyond 40h per week

This is allowed up to a maximum of 48h per week. Hours need to be logged, and the lead employer informed. Depending on local agreement, arrangements between practice and lead employer to recharge the practice for these extra hours will be needed.

5. LTFT trainee wants to go FT

This should be in line with national guidance. In general, it should be supported, so long as it is voluntary and there should be no coercion. Occupational health advice may be needed if LTFT was based on health grounds. Impact of this on CCT date is unclear at the moment.

6. Trainees with significant performance and/or General Medical Council (GMC) problems

Some trainees, including those undertaking remedial training and/or subject to GMC conditions, have particular needs that may be more challenging to meet during the pandemic.

Individual decisions about how these trainees are best supported and if possible deployed need to be made in between Trainer, TPD, Performance Team, Senior GP Faculty and the Dean.

7. Trainees in secondary care who need but can't access non-patient facing roles

Some GPSTs in secondary care are in at-risk groups meaning they need to avoid patient-facing roles. Subject to local agreement they could be redeployed into primary care and work in line with the guidance below.

Covid-19 - GPST urgent and unscheduled care (UUC)

The recent changes in the Committee of General Practice Education Directors (COGPED) guidance and the RCGP curriculum, have stated that a trainee must show evidence of capability in UUC. There is no set time requirement for OOH. With the viral pandemic there are many opportunities to demonstrate this capability.

But a trainee who wishes can support the OOH service by undertaking sessions provided the following criteria are met:

1. Practice requirements

The trainee as previously, needs to request time off in lieu to complete any sessions. The practice may feel that under the current situation, they cannot release a trainee for OOH experience due to increasing and changing clinical demands.

2. Provider requirements

The OOH provider must be able to provide appropriate supervision and support for the trainee in whatever setting they are working. The level of supervision is dependent on the needs of the trainees as well as the demands of the session.

Appropriate support includes

- Risk assessment and provision of Personal Protective Equipment (PPE) required for the type of session;
- if telephone triage, then there should be adequate social distancing;
- if face to face then the calls should be appropriately triaged and screened and PPE provided.

Some OOH providers are unable to provide the appropriate supervision and so unable to accommodate trainees whilst others would welcome any additional support. TPDs should liaise with their usual contacts to establish the situation and disseminate updates to GP trainees in their programmes.

3. Personal requirements

Every individual is responsible for identifying what Risk Category they are likely to fall into dependent on their own health conditions as well as those of their household. This risk assessment may mean that it would not be appropriate for some individuals to increase their personal risk by working in another organisation.

4. Potential activities for GPSTs in non-patient facing roles and/or working from home

Activities that are possible will be subject to the provision of appropriate IT equipment. Supervision must be provided for all trainees.

Supporting patients in practice

- Telephone and video consultations for acute problems;
- responding to tasks, including medication queries, sick notes, advice;
- Covid-19 protocol development;
- proactive care discussions with patients on at-risk registers, including around end-of-life and ceilings of care;
- medication reviews;
- regular summaries of the huge amount of Covid-19 advice and guidance;
- medication switches (e.g. warfarin to DOACs, B12 injections to oral);
- quality improvement activities;
- Palliative Care reviews.

Supporting the wider NHS response

- Volunteer for NHS 111 (subject to confirmation of supervision arrangements);
- volunteer as [NHS volunteer responder](#);

- peer wellbeing support - reach out to other trainees informally or in group sessions to continue to look after each other.

Personal development

- Self-directed educational activities, including exam preparation;
 - online learning;
 - group learning via Skype/Zoom.
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Covid-19 GPSTs working in alternative settings

In responding to the Covid-19 pandemic, the local healthcare system may require GPSTs currently based in GP practices to provide care in new and emerging community settings (e.g. Covid Response Hubs) or practices not currently approved as GP Training learning environments.

The nature of the pandemic and required response means flexibility and pragmatism are key, so such work should be facilitated where the following are taken into account.

- Prior to undertaking such work, GPSTs require the support and agreement of their Employer, ES/CS, and Primary Care Dean or nominated deputy.
 - All activities should be subject to the usual risk assessments of the service host including the provision of all necessary recommended equipment.
 - GPSTs should not work above their contracted hours without their and their employer's agreement.
 - GPSTs shouldn't work more than two sessions per week in this alternative setting, without the approval of the PCD – up to 2 sessions does not require PCD sign off.
 - Wherever possible, trainees should work alongside one of their current supervisors.
 - There should still be protected time for breaks and rest in line with the junior doctors' contract.
 - Supervision is of vital importance. At all times, trainees should be able to access a qualified GP (in person, or via telephone and/or video link) who is a trained clinical or educational supervisor.
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Covid-19 clinical supervision arrangements for GP trainees working in respiratory 'hot hubs'

In responding to the Covid-19 pandemic, the local healthcare system may request GP trainees currently based in primary care to provide care in respiratory 'hot hubs' where patients with suspected coronavirus infection needing a face to face assessment are seen. This guidance sets out appropriate clinical supervision arrangements for this work.

- The named clinical supervisor, or appropriate deputy, should assess the GP trainee's readiness to undertake such work.
- GP trainees who are pregnant or in at risk health groups should not be working in respiratory hot hubs.
- All activities should be subject to the usual risk assessments of the host provider, including the provision of all necessary equipment, induction and training.
- The GP trainee should normally work no more than 2 sessions per week in the hot hub.
- Training should include familiarization with the local protocols for remote consulting, assessing face to face patients at the hot hub and watching an appropriate PPE video, such as those found [here](#).
- The trainee must be provided with appropriate PPE, according to current Public Health England advice.
- Individual host providers should have agreed their preferred shift pattern for such work – for example, intermittent runs of sequential days versus a day a week on a regular basis.
- The hot hub should operate in suitable premises for the intended purpose.
- When GP trainees are working in a hot hub, a qualified GP/emergency support practitioner should also generally be working at the same site and be available for advice and support.
- GP trainees should generally have the opportunity for a debrief session with a trained clinical supervisor towards the end of their shift. This may be provided virtually on an individual or group basis.
- A trained clinical supervisor could be an existing approved GP educator or a retired educator supporting the Covid-19 response.
- GP trainees should not be asked to work above their contracted hours without their and their employer's agreement.
- Host providers should ensure that individual GP trainees are aware of appropriate sources of pastoral support, where needed. For example, the Professional Support and Wellbeing service provided by HEE KSS.

Some suggested learning resources can be found on the [ELfH website](#).

GP Recruitment

It is currently anticipated that August recruitment for GP will continue, and TPDs are being asked to make allocations with this in mind. Clarification for arrangements for any current ST3s who are currently unable to complete their training will emerge soon. We do appreciate how challenging considering normal matters seems at this time. Routine transfers will not be possible to accommodate at this time.

Further information is available [here](#).

Supporting the Covid-19 response: Guidance on facilitating the return of trainees on flexible training pathways

During this national emergency, we are grateful to all doctors in training who have courageously provided frontline healthcare. We highly value their important contribution as the NHS faces unprecedented and rising demand for healthcare services.

HEE remains fully committed to supporting and developing doctors in training to improve care for patients.

Many have chosen flexible training opportunities to expand their portfolio but now want to return to frontline healthcare to support the NHS response to the Covid-19 pandemic.

As the Covid-19 pandemic intensifies, HEE recognises concerns arising from the highly challenging circumstances and consequent changes in medical training processes. For trainees on flexible training pathways, many want to return or have returned to the frontline. HEE has produced this guidance to provide clarity in managing:

- Out-of-Programme doctors
- Less Than Full Time doctors
- doctors returning from parental leave

1. Management of Requests for Out of Programme (OOP)

It is currently not possible to accommodate OOP requests. We wish to reassure all trainees that processes to support OOP requests will resume once the Covid-19 pandemic ends.

New requests for OOPs

Trainee requests to take up the following Out of Programmes will be suspended until further notice:

- Out of Programme Research (OOPR);
- Out of Programme Training (Out of Programme Training);
- Out of Programme Experience (OOPE);
- Trainees may request Out of Programme Career Break (OOPC) where there are extenuating circumstances through agreement with the Postgraduate Dean.

Current OOP requests submitted but not agreed

All current requests for OOPT, OOPR and OOPE will be paused until services return to normal planning and delivery. Trainees can be reassured that they will receive an email from the local office team supporting resubmission in due course.

Where a trainee has submitted a request for an OOPC, this will be reviewed. These will be granted only on the basis of extenuating circumstances and in agreement by the PGD.

Recently agreed OOPs where the trainee is yet to take up the placement

All such OOPs are currently on hold as subject to the “delay” in training programme rotations as outlined by HEE’s national response.

Extensions of OOPs for trainees already out of programme

Unfortunately, extensions will not be granted unless there are exceptional circumstances e.g. the trainee is abroad and unable to return due to restrictions.

2. Management of Less than Full Time Training applications

HEE will support all less-than-full-time (LTFT) doctors in training who wish to increase their working hours and those on parental leave who wish to return early to contribute to the NHS Covid-19 response.

For current Less Than Full Time Trainees who wish to increase their working hours

- All such requests will be supported;
- doctors in training should be advised to liaise through the Trainee Information System (TIS) portal in the first instance;
- it is anticipated that increased hours of clinical working maybe identified by lead employers through the exception reporting completed by doctors in training.

3. Management of trainees returning from parental leave

Requests from those returning from parental leave who want to work in NHS trusts to support the COVID-19 response should be managed as follows:

- All such requests will be supported.,and trainees will return to their last hospital placement unless exceptionally agreed by the PGD.
- We will work with employers to identify and accommodate trainees where they have made contact.
- We will contact other trainees to ensure they are aware that this option is available whilst respecting each individuals’ choice.
- Trainees may be paid their accrued annual leave to enable a swifter response and return to clinical work.

Supporting the Covid-19 response: guidance on management of Less Than Full Time Trainees

As the Covid-19 pandemic intensifies, NHS service providers are developing workforce plans to manage anticipated workload pressures. Postgraduate medical trainees provide a significant contribution to service and are an essential part of these plans. A number of recent communications have been circulated in relation to this planning process, for example, the provision of opportunity for academic trainees to return to a full-time clinical setting for a period of time.

Health Education England (HEE) has received an overwhelming number of responses from trainees currently working and training on a LTFT basis asking how they can provide additional support. HEE supports the following principles to facilitate LTFT trainees into frontline service:

- LTFT trainees who would like to return on a full-time basis: This should only be considered where appropriate in accordance with health and personal circumstances.
- LTFT trainees who wish to increase their current working percentage: This should only be considered where appropriate for the individual

On return to business as usual trainees will automatically have the right to reduce their current working percentage and resume their original LTFT working arrangements.

Trainees considering these options may want to speak to their ES or TPD in the first instance before contacting their Local Office via the [PGMDE portal](#) and employing Local Education Provider (LEP) to formally confirm their intentions.

Currently, HEE will continue to both honour existing arrangements and accept new LTFT applications.

However, this is something that will be subject to further review in accordance with workforce pressures and need. The only exception being in relation to Category 3 (other than in Emergency Medicine) based applications where pilots are taking place. No further new applications will be accepted from today's date onwards. This will continue to be reviewed regularly with further updates provided to all potentially impacted.

We know you are all fully committed to responding to the needs of the patients and NHS at this unprecedented time and are extremely grateful for your continued hard work and commitment.

Process for escalating concerns during Covid-19

HEE KSS recognises that trainees will be experiencing quite different circumstances during this period. The usual routes of support should be available in terms of clinical supervision, educational supervision, TPDs, PADs and Head of GP School, and Local Faculty Groups should continue to escalate any concerns to the appropriate level. HEE is making an additional route for the escalation of serious concerns available to all learners in placements, which will be monitored, and action taken by the senior HEE deans. GP Trainees have received this information:

The email address for Kent, Surrey and Sussex is: EscalatingConcerns.KSSQuality@hee.nhs.uk.

This will be monitored daily by our team. We will review them and take appropriate action. More detailed information is available [here](#).

Medical Student Volunteers in the NHS

Please see the document from the Medical Schools Council regarding medical student volunteers [here](#).

HEE medical workforce response

HEE are anticipating possible intentions to redeploy trainees, in line with considerations in London, although it is not yet clear whether this level of redeployment will be necessary. You can understand the principles required in considering such matters [here](#).

Any and all such moves must be signed off locally by the TPDs and DME, and by the PCD and PGD. Please talk to your PAD in the event that you are approached about any such moves. The approach needs to be locally appropriate, but in line with national policy.

Covid-19 Trauma Response Working Group rapid guidance

A core part of the role of TPDs and HEE in future weeks will be supporting the psychological response to working under these circumstances. To see an initial evidence-based guide to how we might best do this, [click here](#).

All GP specialty training programmes need to try and preserve some group contact with GP trainees at all stages remotely in line with the need to ensure adequate psychological support for our trainees.

Indemnity

NHS Resolution has clearly set out its position on its [website](#), making it clear that indemnity arrangements should not be a barrier to changed working arrangements during the pandemic.

HEE KSS trainees who have signed up to the block provision of additional indemnity, provided by the Medical Defence Union (MDU), will also be fully supported for all additional requirements beyond the clinical negligence provision from CNST or CNSGP or CNSC schemes. Further support from the MDU is available [here](#).

Wellbeing support for doctors during Covid-19

This is an extremely difficult time for us all – below is an attempt to bring together as many currently available sources of support. It is important to realise it is ok not to be ok, this is an abnormal situation and most of us are struggling with it. Please support each other and seek help via some of these resources.

If you are really struggling, please reach out.

1. Red Whale

We would highly recommend everyone read this Red Whale [document](#) and listen to the [podcast](#).

2. BMA wellbeing service

Confidential 24/7 counselling and peer support services open to all doctors and medical students on **0330 123 1245**. There is always someone you can talk to.

The wellbeing support services are open to all doctors and medical students. They're confidential and free of charge.

3. Headspace

Headspace is offering three months membership free to NHS staff. This is a mindfulness app and can help to improve stress and sleep. To access fill in the form that can be found [here](#).

4. Talkspace

Free therapy for impacted health care workers.

Because of the devastating mental health toll exacted by the spread of this virus, Talkspace is devoted to providing 1,000 free months of therapy for impacted doctors, nurses, and social workers. To access the much-needed benefit during this emergency, health care workers should register after downloading the app from the [Google Play](#) or [Apple's App Store](#) or via the [Talkspace website](#) and provide a picture of your smart card or NHS ID (they ask for NPI number which is American but accept picture as proof) Once certified for eligibility, these health care workers will be provided access to Talkspace's Unlimited Messaging Plus plan.

A picture of your smart card or NHS ID will access this for you. It is a bit of a hassle getting started you link via the app with a matching agent, answer a few questions upload your ID they give you a link and Code which removes the cost (for at least a month) then choose the text only one month plan and enter details. Remember to cancel before you start paying unless you want to continue.

5. Helphub

Helphub is an [online therapy service](#) which are offering free 20-minute sessions aimed at vulnerable older people and others who are self-isolating or struggling, after therapists across the UK volunteered their help. They are happy to help NHS staff

6. Unmind

The workplace wellness platform [Unmind](#) has announced it will offer free access to its digital resources for all NHS staff in order to help them deal with the pressures and demand on their [mental health](#) during the crisis.

If you haven't already, you can download the Unmind app on [iOS](#) or [Android](#), and get access by entering your organisation's Unmind URL: nhs.

7. Help them help us

Are setting up therapists to give free therapy to NHS staff as of 24/03/2020 this is imminent. Go to their [website](#) and there is a apply for heroes help button.

8. MPS

Members of Medical Protection society can access six free sessions of counselling.

Their counselling service is provided by our trusted partners ICAS, who offer a personalised and professional service tailored specifically to your requirements and delivered by experienced qualified counsellors. ICAS's telephone counselling provides immediate access to support 24 hours a day, 7 days a week, and face-to-face counselling sessions can be arranged near to you and at your convenience, all funded by Medical Protection. The service is entirely independent and confidential.

Call ICAS now on **0808 189 4385** or **+44 3300 241 021** from overseas and quote your Medical Protection membership number to book a free session.

9. Practitioner Health Programme

Practitioner Health is a free, confidential [NHS service](#) for doctors and dentists across England with mental illness and addiction problems, who are working or looking to return to clinical practice. The service can help with issues relating to a mental health concern, including stress or depression or an addiction problem, in particular where these might affect work. The service is provided by health professionals specialising in mental health support to doctors and is available in various locations across England

10. Practitioner Health Service

The [NHS Practitioner Health Service](#) will help GPs with:

- Common and more complex mental health conditions;
- mental health conditions relating to a physical health issue;
- substance misuse including support for community detoxification;
- rehabilitation and support to return to work after a period of mental ill-health.

To sign up, call **0300 0303 300** or email prac.health@nhs.net.
The line is open Monday to Friday 8am to 8pm and Saturday 8am to 2pm.
Text NHSPH to 85258 for the out-of-hours crisis text service.

Kent, Surrey and Sussex local office

Please visit our websites for more news and latest updates

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[Twitter](#)

Thank you for reading

Our aim is to meet your needs regarding the sharing of information from HEE.

We welcome your input and feedback. Please send any comments regarding this bulletin or to make suggestions for inclusion to: CPD.KSS@hee.nhs.uk

Please note that the publicising of resources, courses and events in this bulletin does not imply endorsement by the Primary Care Department of HEE KSS

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