



CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

Spotlight on an LMC Executive Team Member

**Editorial by Dr Phil Trevail,
Treasurer of Kernow Local
Medical Committee**

Happy New Year to one and all. Another Christmas is behind us and we all look forward (or not) to what 2019 will bring. It has been quite a change for me to have joined the LMC Executive in 2018 as part of the restructure.



I first attended LMC meetings in 1990/91 as the Trainee Rep chosen from the Wednesday Vocational Training Scheme (VTS) sessions. LMC met monthly at St Clement's Hospital in Truro. St Clement's was the former Isolation Hospital (where my dad was an inpatient with diphtheria I think in the 1940s as a child) and before that a Union Workhouse. The voice of a Trainee was heard and appreciated, I think. I joined full Committee a couple of years later after becoming a partner at Pool Health Centre in 1992, which has now become Carn to Coast Health Centres since recent mergers with Homecroft, Illogan and Trevithick Camborne.

In 1996 I was elected as a Medical Manager of KernowDoc, the original Out of Hours Co-op, back in the in the glory years of the change from every practice having its own GP on call every night and weekend visiting everyone who requested it. I held the role of Finance Director in the latter years until the change to the commercial contract for OOH with Serco in 2006. The demands of KernowDoc and the day job prevented me taking on further roles in the LMC, so as the Cabinet evolved and developed I remained on the main Committee without being involved in the office until now, having taken on the position of Treasurer.

As I see it my task as Treasurer as it develops is to oversee and develop the finances of our Committee, ensuring that the funds that we receive through the levy are appropriately used

Editorial: Spotlight on an Executive Team Member	1	Save the date – new training for receptionists	3
Indemnity update	2	Pensions and taxation	4
CHIS recall (child imms) issues	2	Reminder to display your CQC rating	6
Flu latest	3	PM coaching and mentoring service	7
Quality improvement taster session	3	Big increase in subject access requests	7
Next Generation GP Programme	3	Motions submitted for the National LMC Conference	9



to further the activities of the LMC in working hard to protect and preserve general practice and general practitioners in all of their roles. More about the levy and how it works in future. I work in the Executive Team with Emma, Will and Nick in representing our Committee and our colleagues locally and further afield. We are looking closely at the funding of the LMC and its activities, which also include the pastoral support network for colleagues, and also the way that our finances are monitored and presented to be transparent and accountable to those who pay the levy and with regard to other funding that we receive from elsewhere.

One certainty to me in the uncertain year ahead is that I look forward to working with Emma, Will and Nick in continuing to develop the role of the LMC and also in trying to extend and enhance the membership which brings advantages to members as individuals and of course to colleagues.

Indemnity update

January is here, and 2019 is the year that will bring the launch of the long-awaited state-backed GP indemnity scheme. This was announced in October 2017 with a launch date of April 2019, and an enormous amount of work has been done behind the scenes to prepare for this.

The scheme will begin in April 2019 and will cover all practice staff performing clinical roles under a General Medical Services (GMS), Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contract. All historical liability will be covered by the scheme with the exception of clinicians who have been on the (Medical Defence Union) MDU Transitional Benefits scheme over the last year, who will need to purchase run off cover from the MDU.

GPs will need to remain members of a Medical Defence Organisation (MDO) for the purposes of receiving support for those items not covered by the state scheme (eg coroners court matters, criminal charges, non-NHS work and professional representation for example to the GMC). It is envisaged that the cost for this ongoing core membership will be a flat fee in the region of £1,000-£1,500, but that is still subject to confirmation and prices may vary.

The scheme will be free at the point of use and will cover all practice work, as well as sessions for out of hours providers. Extended hours and improved access appointments will be included as will other services delivered by networks of practices.

All GPs on the National Performers' List will automatically be covered by the scheme for all work included in the scope described above. The scheme will be administered by NHS Resolution.

CHIS recall (child imms) issues

Public Health England (PHE) has agreed a payment of £2.50 per patient record that has been reviewed as a result of recent recall issues identified following the transfer of Kernow records to the Child Health Information Service (CHIS) during the summer.

More information about how and when payment will be made will follow in due course. The LMC will continue to monitor the situation.

Flu latest

Practices are reminded to upload data regularly to ImmForm – rather than in one fell swoop – so PHE can collect a range of timely immunisation and vaccination information to enable the monitoring and reporting of uptake and coverage, including flu data for children, over 65 years and the at-risk population.

ImmForm are also open to discussions about lifting a cap on flu vaccine orders – if practices need more supplies then please approach them.

As the licensing of additional recommended vaccines has yet to be completed, the LMC reiterates ordering aTIV and QIV for 2019/20 with favorable terms that allow practices to vary without penalties, if needed.

Quality Improvement methodology taster session

Heard of quality improvement? Not quite sure how to start? Need to have 'quality improvement activities' for your annual GP appraisals?

The South West Academic Health Science Network Patient Safety Kernow Quality Improvement (PSKQI) collaborative will be running an Introduction to Quality Improvement day for anyone who is new to quality improvement or who wants a refresher on the model for improvement and measurement.

The event will be held in St Austell at the Sedgemoor Centre – NHS Kernow's headquarters – on Thursday, 24 January. All are welcome. Register here:

<https://www.surveymonkey.co.uk/r/36TNVHV>

Next Generation GP Programme

Next Generation GP – a programme for emerging leaders in general practice designed by, and for, a group of early-career GPs and trainees – is coming to the South West.

The course will run from the end of the month. More information – including how to register – is available [here](#).

Save the date – training for new receptionists

The LMC is running two half-day courses aimed at introducing new receptionists to a GP practice.

The course dates are Wednesday, 6 February and Thursday, 14 February – from 9:15am-12:30pm – at Victoria Business Park, Roche.



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An Introduction to Primary Care will cover subjects such as the Quality Outcomes Framework (QOF), Care Quality Commission (CQC), GP practices as a business, working as a team and dealing with difficult situations.

It is essential that you book asap to secure a place/s. For the booking form and full agenda email admin@kernowlmc.co.uk

Save the date: opportunities available in local general practice

Kernow Health Community Interest Company's Workforce and Organisation Development Team invites you to a drop-in session to find out what opportunities await general practice in 2019.

The event will take place on Thursday, February 28, and will cover the things you really want to know and discuss about enhancing your practice.

More information – including an agenda and how to book – is available [here](#). Further details will be available in next month's newsletter.

Pensions and taxation

Many GPs are at a stage in their professional lives where their earnings and their pension contributions verge on or exceed the annual and lifetime limits set by HM Revenue and Customs (HMRC).

The risk is that this may not become known until after the deadline for declaring it. The resultant tax bill for breaching the allowance is unavoidable, but failure to declare in time means that there is a hefty interest charge as well.

We are aware of cases where GPs have experienced delays in accessing their pension statements.

When there are problems with Capita's performance the following steps should be followed:

- At the moment, if a practice or individual has any issue due to the service provided by Primary Care Support England (PCSE), such as delays or errors in payment, they should contact PCSE in the first instance to resolve the issues pcse.enquiries@nhs.net putting appropriate details in the header to ensure PCSE can pass details onto the relevant back office team.
- PCSE has to be given a chance to sort out the complaint. We suggest their initial response should be within 10 working days and the complaint should be satisfactorily dealt with within 40 days.
- If the issue is not resolved by PCSE in a timely manner as above then you should email NHS England pcse.ppinfo@nhs.net We suggest that you include the following details in your email:
 - Your name and address (or the name of the practice and its address).

- The reason for your claim.
- A clear explanation of the facts.
- What losses are you are claiming (these may be direct losses such as your contractual payments, or indirect losses such as costs incurred because of having to take out a loan to pay for practice expenses).
- Attach any supporting documents which verify the facts in the letter and the amount claimed.
- A date by which you want a full response, we recommend 28 days.
- Any other relevant information.

NHS England should then be in contact about your claim. You should note that by accepting an offer of compensation it could mean you forego the right to seek any further redress, so please consider fully all losses that you suffered because of failings by PCSE.

You may even wish to consider taking up your claim via the small claims court, however not all claims are suitable for this route. See guidance on bringing a small claim to the court. An alternative approach might be to contact the General Practitioners Committee (GPC) (info.gpc@bma.org.uk) who can escalate the issue on your behalf. Please include the previous correspondence and a clear outline of the issue and the desired outcome.

As always, you should take individual professional advice about strategies to reduce annual allowance bills, such as removing part of your earnings from superannuation calculations.

GP practices face pension contribution rise

GP partners may have to pay around £7,000 more per doctor each year for employer contributions to the NHS pension scheme.

The Department of Health and Social Care (DHSC) is proposing introducing a new contribution rate of 20.6% – up from the current 14.38% – from next April as part of a consultation on proposals to change NHS pension scheme regulations. You can view the consultation [here](#) It closes on 28 January, 2019.

The GPC will be working to ensure this new cost is fully funded by the Government and will be responding to the consultation about the wider implications to GP pensions.

Kernow LMC has also submitted a motion to the National LMC Conference specifically related to this consultation and its significant impact on general practice if not fully funded by the Government in perpetuity.

GMC Correspondence

In many cases, and for very reasonable reasons – for example the practice pays the GMC annual subscriptions for partners – GPs give their practice address to the GMC. The GMC has been known to remove from the list those who have not paid their subscriptions, even for understandable reasons. It is also worth bearing in mind that GMC correspondence could

deal with complaints. GPs should consider carefully whether the use of a personal address might be a better option for GMC correspondence.

Gender reassignment

The LMC is aware that some local GP practices have been approached by private gender reassignment clinics with requests to perform blood tests and prescribe hormones.

[Guidance](#) from the GPC highlights that, as always, GPs should only prescribe and monitor medication that is within their competency and that patients should be seen by a 'reputable' gender identity service. The LMC Executive are in the process of trying to facilitate a better service in Cornwall for this group of patients which does not put GPs in such a compromising position. We will keep you updated when there is something to report. If there are any GPs with a special interest in this area it would be helpful if the LMC could have their details (admin@kernowlmc.co.uk).

Joint guidance on e-RS

The GPC has published [joint guidance](#) with NHS England (NHSE) on the electronic Referral System (e-RS). Use of e-RS for practices is now a contractual requirement.

Ethics guidance

The British Medical Association (BMA) has issued new [guidance](#) to support doctors making decisions about clinically-assisted nutrition and hydration for adults who lack the capacity to consent.

NICE antimicrobial resistance guidance

NICE has published [guidance](#) on antimicrobial resistance, which includes information on prescribing antimicrobials in primary care.

Items which shouldn't be routinely prescribed in primary care

As part of the current [consultation on items which should not routinely be prescribed in primary care](#), NHS England and NHS Clinical Commissioners are hosting a webinar to outline proposals for updated CCG guidance, including more effective, safer and/or cheaper alternative items. It will also provide GPs and other prescribers with an opportunity to ask questions and share their views on the proposals. The webinar will be held on 16 January 2019, from 2-3pm. Visit the [NHS England website](#) to book your place.

Reminder to display your CQC rating

Practice managers are reminded to display their organisation's CQC rating in patient-facing areas. CQC ratings provide patients and members of the public with a clear statement about



the quality and safety of care provided at a practice, which improves transparency. There has been a requirement for practices to display their CQC rating since April 2015.

Posters showing practices' up-to-date ratings are available to download – simply visit your organisation's page on the CQC website. GP practices can also download a poster showing ratings against the six key population groups. When printing posters, practice staff should ensure that they are in colour, a minimum size of A4 and displayed in prominent patient-facing spaces – such as a waiting area.

As well as displaying ratings on their premises, providers must display their ratings on their website.

The CQC has developed a range of resources to help organisations correctly display their rating. For more information visit: www.cqc.org.uk/guidance-providers/ratings/display-ratings

PM coaching and mentoring service

Practice managers are being offered coaching and mentoring sessions as part of a programme by NHS England.

There are 700 places available nationally, subject to a suitability assessment and on a first come first serve basis. Up to four 90-minute sessions are offered to help identify goals and think through challenges and opportunities.

The deadline to apply is Monday, 21 January, 2019. Register your interest [here](#).

Big increase in subject access requests to practices since GDPR launch

The number of subject access requests (SARs) GP practices are receiving each month from patients and their representatives have increased by more than 30 per cent since the introduction of General Data Protection Regulation (GDPR) legislation, according to a survey of GPs by the GPC. More than 1,500 GPs responded to an online survey asking how many SARs they received each month on average in the year prior to the introduction of GDPR in May, and then how many they had received in the last calendar month. The average before May was 8.57 requests a month, while the average received in the past month was 11.68, implying a rise of 36 per cent. Read more [here](#).

This issue continues to vex practices. In the absence of better legal advice remember the absolute requirement that you 'respond' to the SAR within one month. The responses allowable under GDPR are:

1. You can comply fully
2. You can contact the subject or representative and negotiate a targeted SAR
3. You can require an extra two months to provide the data. They cannot complain or argue against this: it is the Data Controller's absolute right.
4. You can decline the request but you must explain why and explain how they can complain.

5. You can offer differential access, ie you can provide online access as a rapidly available option with the paper copies of the outstanding material to follow at a later date: a variation of 2 confirmed to GPC by the Information Commissioner's Office (ICO).

Whatever you chose to do you must communicate it within the month (28 days to be safe). Under 2 preparing a targeted SAR may test the boundary of whether or not you are in fact creating a report. You must not be seen to be manipulating the data subject into making a payment for a report when they asked for a SAR. What is relevant might be copies of selected letters, a print out of principal or significant diagnoses and a list of medications and allergies, in other words similar to a referral letter. The provision of online access would appear to be the best way forward in the long run, third party dangers notwithstanding.

Legal advice on witness summonses, court orders and e-signatures

The General Practitioners Defence Fund (GDPF) has commissioned useful legal briefings for practices who receive [witness summons or court orders](#) and the implications of using [electronic signatures](#).

NHS planning guidance for 2019-20

NHS England has published its [NHS planning guidance for 2019-20](#). For primary care, NHS England inform CCGs that they should build on the £3/head in the primary care transformation fund that was spent during 2017-19, and must now commit £1.50/head recurrently to develop and maintain primary care networks (PCN). This funding should be provided in cash rather than in kind. PCNs must also be provided with data analytics for population segmentation and risk stratification to help networks to understand their population's needs for symptomatic and prevention programmes, including screening and immunisation services. It is expected that all practices will be in a PCN by July 2019.

The document states that STPs and Integrated Care Systems must have a primary care strategy in place by April 2019 setting out how they will ensure the sustainability and transformation of primary care. There is also a big emphasis on tackling provider and CCG deficits. CCGs are told to deliver a 20% real terms reduction in their running costs by 2020/21. The NHS is expected in the next five years to deliver 1.1% efficiency per year. This will therefore continue to be very challenging at a time when demand is growing and there is a long term underinvestment in the system, something that could ultimately affect services. Read the GPC's briefing [here](#).

Missed GP appointments

Recent NHS Digital data has shown that more than 15 million consultations are being wasted because patients fail to show up for their GP appointments. [NHS England are urging patients to let their GP practice know if they are unable to make their appointments](#) so it can be filled by another patient. Read the GPC's statement [here](#).



Cameron Fund newsletter

The latest newsletter from the Cameron Fund (CF) – a medical benevolent fund charity which supports GPs and their families in times of financial need – is available [here](#).

Motions submitted for the National LMC Conference

The LMC has submitted a number of motions for consideration at the National LMC Conference – taking on board the views of grassroots GPs.

The motions are:

- That conference defends the right of GPs to tailor guidelines to an individual patient's needs and will oppose attempts to make GPs follow 'one size fits all' protocols.
- That conference believes any attempt to prevent a GP requesting help from a secondary care department contravenes GMC guidance on the need to recognise and work within the limits of competence.
- That conference instructs the GPC to work with 111 and OOH providers to ensure communications to primary care IT systems are easily readable and do not contain unnecessary information.
- That conference supports that in the NHS no one should be prevented from receiving excellent healthcare by poverty and that this is more important than the dogma that all healthcare should be free at the point of delivery.
- Conference believes that the proposed 6.3% increase in employer contribution rate will sound the death knell for the partnership model of General Practice and calls on GPC to
 - a) Oppose this increase
 - b) Ensure that any changes to employer contributions will be met by a fully funded ongoing agreement with the Government.

We look forward to seeing how many make the final agenda at the Conference, which takes place in Belfast on Wednesday, 20 March. The LMC's Executive Team will be attending the event

Latest jobs in local general practice

The latest practice vacancies – including GP and practice manager roles – are available on the [jobs page](#) of the LMC's website.



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Produced by Kernow Local Medical Committee. Copy submissions for the next newsletter should be emailed to rich@kernowlmc.co.uk by noon on Friday, 25 January, please.

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