Kernow LMC
Representing and supporting GPs in Cornwall
CONNECT
Monthly newsletter for the Duchy's GPs and practice managers

De-mystifying the STP…

Editorial by Dr Nick Rogers,
Executive Member at Kernow Local Medical Committee

Welcome to another issue of the LMC newsletter. Due to the unseasonably warm start to February we are into what the farmers call a False Spring. What follows this is usually a cold snap which withers the green shoots of hope. Something I am sure Theresa May can relate to after being sent back to Brussels to negotiate on behalf of British MPs.

On your behalf I have been invited to join the Outpatient Transformation Programme Board. As we see a number of specialties falling a long way outside the 18 week target (gastroenterology, hepatology, respiratory and neurology) we see a potential for harm as well as patient and GP dissatisfaction. It's well documented that as routine referral waiting times increase so then do the numbers of 'urgent' referrals due to GPs worrying that patients will not be seen in a timely fashion.

At the last Outpatient Transformation Programme Board there were 14 people in attendance and no one representing general practice. Having read the last minutes there is already mention of GPs reviewing consultant to consultant referrals to ensure they are appropriate, with a 'small test and learn' study to reassure us that the workload implication will be minimal. Safe to say it is vital that GPs have a strong voice at this meeting to ensure any idea of unfunded work transferring from secondary care is quashed before it gathers any momentum. This is just one example of how the LMC works hard in the background to keep your workload appropriate.

However, there may be potential here; there is a possibility for 'devolved budgets' which means potentially that our fledgling Primary Care Networks (PCNs) may be able to bid and

be paid for providing services – watch this space! A lot of this fits with the Cornwall and IOS Sustainability and Transformation Partnership (STP) priorities, including:

- Redesigning pathways of care
- System reform to achieve better care
- Improving productivity and efficiency.

As ever, 'GPs are well placed to provide this'… Something we have heard all too often, but to quote another politicised soundbite: 'No decision about me, without me.' The LMC will be there negotiating on your behalf.

Final chance to register for the GPC Roadshow

A few places are still available for GPs and practice managers who haven't registered for the General Practitioners Committee (GPC) Roadshow in Cornwall about the new GP Contract.

As previously advertised, the event will take place in the Sea View Suite at St Austell Conference Centre from 6:45-9:15pm on Tuesday, 12 March, with Dr Mark Sanford-Wood, Deputy Chair at the GPC, presenting. There will be opportunities for local GPs and PMs to ask him questions. Members of the LMC's Executive Team will also be in attendance.

Places are available on a first come first serve basis by emailing rich@kernowlmc.co.uk by 4pm on Wednesday, 6 March. If you can no longer attend, please let Rich know, so your space can be allocated to someone else.

Agenda

6:45-7:15pm	Refreshments and networking	
7:15-7:20pm	Welcome, introductions, housekeeping	Dr Will Hynds, Chair of Kernow LMC
7:20-8:20pm	GPC presentation – new Contract	Dr Mark Sanford-Wood, GPC Deputy Chair
8:20-9:20pm	Q&As	All
9:20-9:30pm	Summing up/local reflections	Dr Will Hynds, Chair of Kernow LMC
9:30pm	Close	

Dr Will Hynds, Chair at the LMC, reflects on the new GP Contract and the impact on general practice here.

Indemnity costs

The GPC has held discussions with the medical defence organisations regarding the likely indemnity costs for their membership offering after April, tied into the new GP Contract announcement, and can confirm:

- The medical defense organisations (MDOs) are in the later stages of pricing the post-April product and the GPC expect them to announce this soon.
- The GPC would advise all GPs to remain members of one of the MDOs to ensure they have cover for the General Medical Council (GMC), criminal/coroners cases, private reports, etc.
- There will be a competitive market for this cover after April and this is likely to influence pricing decisions
- In the meantime all indications suggest the market rate for this cover is likely to be broadly in range with the GPC's expectations
- Renewals falling due before 1 April are likely to be in line with current costs
- All trainees will be covered for clinical negligence under the Clinical Negligence Scheme for General Practice (CNSGP) scheme.

Contract agreement funding figures and FAQs

The new values of the global sum, the Quality Outcomes Framework (QOF), out-of-hours adjustment and the new practice participation payment have now been published and can be found on the GPC's GP contract web page (in the 'practice funding and pay' tab).

The 1.4% additional investment to the practice contract includes a 1% uplift to global sum and a SFE payment, linked to practice participation in primary care networks, of £1.76 per weighted patient. This therefore delivers an extra £2.68 per weighted patient in to practice budgets for 2019/20. Additionally, specific vaccination item of service fees have increased, including seasonal influenza. Together with the removal of indemnity expenses this means practices will be able to deliver a 2% uplift to practice staff pay.

The GPC has published FAQs covering areas such as funding, PCNs, digital access, indemnity and QOF. The guidance is available here.

Primary care networks

Following the announcement of the GP contract, Dr Krishna Kasaraneni, GPC Executive Member, has written a blog about what practices should be considering about the structures for PCNs. This follows on from his previous blog about PCNs.

The work of the Cornwall Training Hub

By Carolyn Andrews, Chief Executive at Kernow Health Community Interest Company

Hello from Kernow Health CIC. This piece is around some of the work that Cornwall Training Hub is doing. Future training hub information will be available on the Kernow Health CIC website and also via this newsletter and the weekly workforce update that goes out every Wednesday to practice managers.

'Workforce opportunities – enhancing your practice' delivered by Cornwall's Training Hub, formally known as the CEPN, took place on 28 February. This event saw the launch of the Apprenticeship programme for primary care, the many retention initiatives being funded by the recent successful bid for £370,000 to support Cornwall, including the Clinical Support Team (general practice competency bank) and portfolio career opportunities, the recruitment offer and education and training available.

With the publication of the GP Contract firmly in all our minds it was a useful opportunity to outline the purpose and function of a Training Hub and how general practices and individuals can get involved. Training Hubs were originally a concept created in London and rolled out across the country by Health Education England (HEE). At that time of rollout, the suggested name for these hubs was Community Education Provider Networks (CEPNs). In the last few weeks CEPNs have been encouraged to change their name to Training Hubs. Up until the publication of the GP Contract, the purpose of them has remained the same, created to be local centres of learning, training and development for primary care.

Kernow Health CIC was appointed to be the host organisation for the Training Hub (CEPN) for Cornwall and the Isles of Scilly in 2015/16 and in November 18 merged the Training Hub agenda with the wider remit around workforce resilience, which includes retention and recruitment. Going forward Kernow Health CIC is working with other Training Hubs in the region to understand the future requirements from both HEE and NHS England. It is clear from the GP Contract that the remit of a Training Hub has widened to include Recruitment and Retention, driven by NHS England, where some hubs specialising in education may struggle to fulfil that role, Cornwall's Training Hub has already embraced it.

For more information on the Training Hub, or to find out how you can get more involved, please see the fact sheet and contact details.

We are more than happy to assist any practice with information or support, so if you believe we can help then please get in touch with Laura Wheeler, Head of Organisational Development and Workforce, at laura.wheeler3@nhs.net. Laura, or one of the team, will get in touch to see how they can help.

Workforce developments

By Dr Liz Thomas,
Deputy Medical Director at NHS England South West

It's not often in my job when I spot a bit of good news which makes me sit up and take notice – however this is exactly what happened recently.

The Royal College of General Practitioners (RCGP) published an article which showed that while general practice continues to face extremely high pressure, there are areas in the country that have seen increases in GP full time equivalent (FTE) numbers.

The top three clinical commissioning groups (CCGs) according to the article which have had the biggest increases in GP FTE were:

- NHS Liverpool CCG (87)
- NHS Northern, Eastern and Western Devon CCG (67)
- NHS Kernow CCG (54)

I double checked the figures with one of my contacts in the national team who established that this was confirmed by NHS Digital as whole time equivalent (WTE).

I am sure this will come as a surprise to many who are still struggling to recruit and cope with large list sizes, but alongside the news that Health Education England (HEE) have successfully recruited an increased number of GP Registrars this year, perhaps we have reason to be cautiously optimistic.

There are many national schemes now to support retention and recruitment as well as some local initiatives and I hope these are having an impact.

Please be assured we are working really hard on marketing the South West as a place to work, as well as supporting the schemes and GPs as they present.

Thank you for all your efforts in keeping primary care working during what has been an incredibly difficult few years and I hope that we can keep building to a more sustainable future.

Child safeguarding update

By Dr Mark McCartney,
Named GP at NHS Kernow

Having recently been appointed as NHS Kernow named GP for child safeguarding, I have spent some time meeting the local officers and understanding the services that are available in Cornwall.

I have worked as a GP in Cornwall for quite a few years and thought that I understood all the local resources, but am coming to understand that even within Cornwall there is quite a geographical variation in how things are handled. I am now planning to meet the practice leads to get some feedback from practices and to deliver something useful.

The role is to act as a link between practices and the safeguarding teams, to assist practices with information, to offer advice about training and how to meet your responsibilities to help keep children safe. There are a lot of good people working hard in our local authority, health, police and education, but I do sense that there are issues with capacity, for example in the health visiting service.

I will not be able to offer advice on specific cases; that will be down to the specialist practitioners and designated paediatricians. However, I hope that I can support practices where you feel that your concerns are not being actively listened to or actioned appropriately.

Although I am employed by NHS Kernow, I have a strong sense of doing what is right for GPs and I hope to work closely with the LMC to ensure that what may be asked of practices is not too onerous, and that work can be done efficiently and effectively with the priority to keep the child at the centre of our actions.

There are some particular issues arising at the moment, including the complexity of GP reports for safeguarding conferences, information storage/sharing guidance, practice policies and training for GPs and their staff. I hope to discuss those in more detail when I meet your practice leads.

Thanks for your interest. I am happy to be contacted at mark.mccartney@nhs.net with any questions or concerns.

Meet the GP lead for early identification of cancers

Dr Joe Mays is the GP Lead for Early Diagnosis for the Peninsula Cancer Alliance – covering Cornwall and Devon – which has responsibility for co-ordinating and sometimes incentivising changes in cancer pathways to help the NHS locally achieve improvements in cancer outcomes.

He meets with the NHS Kernow commissioning team on a regular basis and also attends the cancer strategy meetings at the Royal Cornwall Hospital.

Dr Mays, a GP in Exmouth, Devon, said: "I'm keen to support earlier identification of cancers in Cornwall in the same way that I do in Devon. At present I lack the formal and informal networks and knowledge that I have spent years developing closer to home and I'd like to understand from local GPs if there are obstacles to early diagnosis that I might be able to influence."

The Peninsula Prevention and Early Diagnosis Group, which Dr Mays chairs, meets every two months in Lifton, and he is seeking Kernow GP representation on the group. If you are interested email him at: joe.mays@nhs.net

Dr Mays recently wrote the following piece for the Devon LMC newsletter on the challenges GPs face in discussing the pros and cons of PSA screening, a problem faced more frequently in the wake of the Fry/Turnbull effect:

You will doubtless be aware of the significant national publicity regarding Stephen Fry and Bill Turnbull's diagnoses of prostate cancer, and of the subsequent significant rise in referrals to urology cancer clinics.

Although the data on GP appointments is not collected in the same way, I know I have seen a very significant rise in the number of men coming and asking me for asymptomatic PSA testing over the past several months.

Simon Stevens has thanked Mr Fry and Mr Turnbull for their candour and bravery in sharing their stories, thereby raising the numbers of men being diagnosed with cancer, and you will know that this is only part of the story: many of these men will have been diagnosed with cancers that would never have given them symptoms or affected their life expectancy.

The 2013 Cochrane review made it clear that in return for at best a very small number of men benefiting from screening in terms of small gains in life expectancy, a much larger number experience side effects from treatment which significantly affect their quality of life.

I am writing to confirm that the Cancer Alliance, clinical commissioning groups (CCGs) and urologists continue to support the national guidance on risk management for men with prostate cancer, that is to say: men who wish to have the PSA test should be offered it by their GP after a discussion of the risks and benefits of doing so.

There are some excellent resources to support GPs and their patients to make good decisions in this matter, and I think the clearest of these is this Cancer Research UK infographic based on the 2013 Cochrane review. My experience is that on being presented with these data in this form, many men choose not to have the test. I absolutely support this approach, just as I support men who choose to proceed with testing.

Please also be aware that the National Institute for Health and Care Excellence (NICE) are due to publish new guidance on Prostate Cancer early in 2019, and it is possible that the referral thresholds for PSA will change. Watch this space.

Sexual health tender

By Dr Sarah Gray, GP Specialist in Women's Health

By the time this is distributed the sexual health services contract for Cornwall should be in the process of tendering. Here is a brief explanation of how this applies to general practice…

Your additional services contract for contraception covers methods up to and including progesterone only injectables. This is appended to the GMS contract and is paid for by NHS England, not Public Health, so that is not affected.

Your enhanced services contracts for Intrauterine devices (all indications) and subdermal implants (insertion and removal) are paid for by Public Health (ie Cornwall Council). This vagary of commissioning is a result of the 2013 Health and Social Care Act. It is not a local aberration.

Cornwall has a record of LARC (Long acting reversible contraception) provision in primary care that is about double the England average. You can be congratulated, though there is potential to improve access and availability (particularly for post coital IUDs). On the pragmatic stance that this is already better than average, this element is not being offered for tender and your contracts are secure.

Three lots will be offered by Public Health for individual organisations or collaborative networks to bid for. There is no reason why primary care cannot make or be part of a bid.
Lot 1: Integrated contraception and sexual health (includes asymptomatic screening but not HIV management as that is commissioned by NHS Specialist Commissioning). This will eventually be accessed by a digital platform. A theme of this specification is to improve access both geographically and in timing of service availability.
Lot 2: Young peoples' sexual health
Lot 3: HIV testing and support.

Cervical screening latest

By Dr Sarah Gray, GP Specialist in Women's Health

The NHS cervical screening programme has begun to implement a new screening protocol. The flow diagram illustrating this can be found here. This is worth downloading, laminating and putting up in the treatment room.

The essential change is that the initial screen is now by HPV status and cells will be only be examined if HPV positive. The same quality of sample is needed to allow adequate histopathology testing to be performed. This means we still need endocervical cells to confirm that the transformation zone has been sampled. The procedure in the surgery does not change, but the results letters have changed and you will need to be able to explain them. More information can be found here. For existing sample takers there is a validated update session on e-LFH.

We have not yet had guidance regarding change in screening intervals, but information from studies here and in western Europe suggests that HPV negative women can be reassured more strongly regarding their low risk status. We are anticipating that longer screening intervals will be recommended in time.

The National Cancer Team will be running a public awareness campaign imminently. This will focus on prevention and early detection of cervical cancer. It is expected to link the need to attend for screening (as national figure only 71.4%) and the introduction of HPV immunisation for boys as well as girls this autumn. It is now 10 years since Jane Goody died and public awareness is dropping.

Pill checks – a personal view

By Dr Sarah Gray, GP Specialist in Women's Health

Combined hormonal contraception is much more complex than is generally appreciated. The latest guidance from the Faculty of Sexual and Reproductive Health was eventually published in January after considerable debate. This describes in detail the options to reduce failure rate (typically 8-9% in the first year) and offers an algorithm for assessment.

In addition, you need to factor in:

- Medical conditions such as:
  https://www.fsrh.org/standards-and-guidance/documents/ceu-guidance-contraceptive-choices-for-women-with-cardiac/
  https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-srh-ibd/
- Age: https://www.fsrh.org/standards-and-guidance/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017/

https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-young-people-mar-2010/

- Issues such as progestogen intolerance, abnormal bleeding or infection risks. It is easy to find your head spinning.

The pill check should be able to pick up a range of issues. It is not simply a blood pressure check. Any issues need to be explored, investigated, signposted or managed and if necessary, an alternative method offered with appropriate counselling. My view is that this is not a task to be delegated to health care assistants. Contraception is very susceptible to litigation and although there will be NHS indemnity come April, good clinical practice will need to be demonstrated.

To illustrate some of these points, Dr Anne Connolly, Dr Jane Davis and I delivered a webinar for the Primary Care Women's Health Forum – you can listen again here.

It is ultimately your decision, but please consider this view.

Ordering of flu vaccines for 2019/20

NHS England's regional Screening and Immunisation Team is encouraging local practices to place their orders as soon as possible to avoid any delay in delivery of flu vaccines and to ensure they have supplies of the recommended vaccines in September, ready for the start of the season.

NHS England has been assured that there will be no phased delivery for next season and a practice can choose to have their order delivered in one batch at the start of the season or split into two deliveries, depending on available fridge space.

For practices, given the demand for the over 65-year-old vaccine this season, please order sufficient vaccinations to cover all their eligible populations. Most pharmaceutical companies offer a sale or return service on a % of their order, so there is scope to return unused vaccine to the supplier.

The recommended vaccines are:

- The standard egg cultured quadrivalent inactivated vaccine (QIVe) will continue to be recommended for 18 to 64-year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers.
- The adjuvanted trivalent inactivated vaccine (aTIV) will continue to be recommended for individuals aged 65 years and over.
- In addition, the cell grown quadrivalent vaccine (QIVc), Flucelvax® Tetra, is now licensed for use in the UK for patients aged nine years and upwards and is suitable for those aged 9 to 64 years in clinical at-risk groups, frontline health and social care workers and for individuals aged 65 years and over.

Please remember that all children's vaccines will be centrally procured, as in previous seasons, and can be ordered from ImmForm.

Page 3 of NHS England's Update on vaccines for 2019/20 seasonal flu vaccination programme provides a table with the breakdown of the vaccine recommendations.

If you have any questions, contact: england.swscreeningandimms@nhs.net

Reminder to claim reimbursement of CQC fees

Practices can claim reimbursements for Care Quality Commission (CQC) fees. As this is a practice entitlement, the GPC advises you to contact your clinical commissioning group (CCG) for details about the local procedure for doing this. Please send claims to england.pcfinancesw@nhs.net

QOF year-end payments are coming

NHS England will collect the year end Quality Outcomes Framework (QOF) achievement information from Monday 1 April to Wednesday 3 April 2019. Find out more
The identified issues with v39 of QOF rules have now been rectified, which should ensure that all payments due to practices are correct. However, if you do spot any reporting errors or have evidence that your practice has been financially impacted by the late resolution to the QOF rules, then please get in touch with us for support.

Firearms guidance updated

The GPC has updated its guidance for GPs on advice around firearms licensing with minor changes to 'flagging' and 'conscientious objection'. The guidance is available here.

New form to record organ and blood donation preferences

A new web form, the F4H form, is being created for all GP practices to record patients' organ and blood donor preferences from 1 March. This is due to services being moved away from the National Health Application and Infrastructure Services (NHAIS) systems before it is decommissioned.

Up until 30 April, you can still use Open Exeter, a browser interface, to enter the information from the GMS1 form. The recorded details are stored in the NHAIS systems, collated by a Bureau Service and sent on to NHS Blood and Transplant for inclusion in the donor registers. Beyond 30 April, Open Exeter will no longer be available to record blood and organ donation preferences and GP practices must use the new F4H form. Find out more

Important reminder for GP practices about the national data opt-out

Type 2 opt-outs must no longer be recorded by GP practices. The type 2 opt-out has been replaced by the national data opt-out and the transition period in which we continued to collect and convert them ended on 11 October 2018. Practices are advised to contact patients who have had a type 2 code recorded in error after this date, to explain and signpost them to the Your Data Matters to the NHS service. As type 2 opt-outs are no longer valid, please also ensure that they are no longer referenced in patient information on registration forms, websites or privacy notices. Read the October letter sent to all practices.

More stringent controls on pregabalin and gabapentin

Prescription drugs pregabalin and gabapentin are to be reclassified as Class C controlled drugs, under Schedule 3 of the Misuse of Drugs Act from 1 April, 2019.

The law change will mean the drugs are still available for legitimate use on prescription, but there will be more stringent controls in place to ensure accountability and minimise risks.

- Clinicians will need to physically sign the prescription for these drugs, rather than electronic copies
- Pharmacies are required to dispense the drugs within 28 days of the prescription being written
- Prescriptions limited to 30-day prescribing.

Practices may wish to review patient lists and implement these changes before 1 April, 2019, to ensure patients are made aware of these changes. Searches are available from the Medicine Optimisation Teams to identify patients. Please contact your medicine optimisation practice representative if you need any help.

GP Premises Survey results

The GPC has undertaken a major GP premises survey and the results show that only half the buildings in England are fit for purpose, with surgeries too small to meet the demands of a growing population.

Any Cornish practices who are struggling for space and would be happy to feature as media case studies for the GPC should contact MediaOffice@bma.org.uk They can share their stories confidentially if they wish.

LMC courses for practice admin staff

The LMC is running a number of courses for GP practice administration staff in the coming months. A list of courses is available here. Book on the full-day courses here or the half-day courses here.

- **Succeeding with Difficult People Thursday, 21 March, 2019 (all day) – a few places left**
- **Information Governance and Confidentiality – Tuesday, 2 April, 2019 – places available**
- **Practice Manager Training – New in Post – Tuesday, 30 April, 2019 – places available**

Please note:

- **Medical Terminology – Wednesday, 15 May, 2019 – fully booked.**

Details of local and regional events for GPs and PMs

Keep an eye on the events section of our website for information about the latest local and regional events, workshops and seminars. It includes information on a Negotiating Skills for GPs workshop on 12 April.

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.

Produced by Kernow Local Medical Committee. Copy submissions for the April newsletter should be emailed to rich@kernowlmc.co.uk by noon on Monday, 18 March, please.