



# CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

## Delegated commissioning – local knowledge and accountability

Editorial by Dr Will Hynds, Chair of Kernow Local Medical Committee

So, what is afoot in the world of Cornish general practice this month? I am hoping that the Kernow Clinical Commissioning Group (KCCG) delegated commissioning vote hit your radar. If not, then I have to inform you that your colleagues have voted on your behalf for KCCG to take on commissioning of general practice in Cornwall from NHS England (NHSE). During the vote the LMC found itself in the unusual position of not telling people what to do. This was not cowardice or uncertainty on our part, but more a nod towards probity for the vote. It is a bit tricky to be the Returning Officer and have a public steer on which way to vote.

In reality it was Hobson's Choice – if we didn't do it now it was just a matter of time before it was forced upon us. Nearly every other area in England has general practice commissioned by their CCG and it is the will of NHSE for 100% delegated commissioning. However, that does downplay the upside here. One of the problems of relying on NHSE to commission us is that decisions are not always made with local knowledge or accountability. I would suggest that within the KCCG we have some competent individuals who have made a concerted effort to understand general practice in Cornwall and some who have experience in commissioning GPs elsewhere. Furthermore, the relationships to make it work are developed and NHSE is promising to wipe the slate clean on historical deficits. I am not sure the ducks will ever be more lined up than this and your LMC should be in a position to know which feet to hold to the fire when needs must.

What should be stressed is that this does not change your national contract which will continue to be negotiated by the big cheeses in London. However, it does mean that the person to whom you complain when your contract is poorly administered will not be able to seek sanctuary east of the Tamar. They also may struggle to avoid you in Tesco's...

Other things of note in the broader pool of general practice politics include the promise of State-backed indemnity by April 2019 and the publishing of Dr Nigel Watson's [interim report](#) reviewing the Partnership Model in general practice. Both of these should be cautiously welcomed! I do not think we will be able to do away with our MDO's as the State scheme will not cover any non-NHS work and is unlikely to offer advice and guidance. However, it is likely to knock a zero off our policies. Before we start popping corks, it is possible there will be some sniffing around the global sum to fund it. Dr Watson's report does not break any really surprising territory, but is worth a read. He rightly points out that reinvigorating the

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Partnership Model requires making the work environment more attractive by reducing liability and workload whilst increasing practice based staffing levels.

Before I wind up, I feel I ought to say something about flu. Unfortunately, what I ought to say about flu is not appropriate here, so I will try and say something informative. If you missed my original piece on this year's flu season it is available [here](#).

The LMC has worked hard with Public Health England (PHE) to make sure that the practices who had not ordered any aTIV should be getting at least some supply. I can assure you that the pharmacies have received no preferential treatment and have the same supply problem as everyone else. PHE have confirmed that it will be a local decision led by KCCG as to when we can say there is no realistic possibility of further aTIV in Cornwall before the flu season hits and QIV can be used on eligible aTIV populations. This decision is unlikely to be made until the final 40% aTIV delivery has arrived in November and been used up.

There is an option for anyone sitting on a mountain of QIV they feel unlikely to use, to be in touch with their local independent community pharmacy, as it may be possible for you to broker a commercial shift of QIV to your pharmacy neighbour. The Local Pharmaceutical Committee (LPC) has written a supportive note to their independent members, to that effect.



## Practice manager training

By Nicola Davies, Practice Manager at Roseland Surgeries

By now, many practice managers will be aware that I have, for my sins, been appointed as Project Lead for practice manager training for the Community Education Provider Network (CEPN). Education and training is something that I am particularly passionate about and an area that needs our support in Cornwall. To that end, I'm attempting to set up a database of what courses are out there, how we use them to our best advantage, what funding we might be able to access and I also need to find out where the gaps are.

It's important to point out some things. Firstly, any training we can access is also going to be made available to assistant practice managers. We need to ensure that our deputies are able to cover us, not only for the core tasks – payroll, accounts, dealing with a complaints, etc – but also to put them in a great position to run a practice in the future. They can't do that without our support and we can't do our job without theirs. Secondly, I'd also like to identify training needs for dispensary managers and their potential successors. For many of us, training is available but it's always 'up country' and hardly ever rolls down the A30 – that needs to change.

I'm also working closely with the LMC on the training package that they are offering to practice managers. We want to avoid duplication, ensure what is on offer is relevant, to the



point and worthwhile leaving the office for a few hours. I am hopeful that the LMC will assist in the core training that we need, whether that's a basic induction programme for a new-in-post practice manager, or that annual employment law refresher. CEPN will hopefully take on the professional development of practice managers and assistants, for things like leadership/coaching qualifications, advanced primary care management skills, etc.

CEPN has a small pot of money that we are able to access and shortly application forms will be made available for those practice managers/assistant practice managers who would like to request a contribution to funding for their chosen course. I will be in touch directly with those colleagues who have contacted me recently, so please watch out for the email. However, if you have any thoughts about any training courses that you'd like to do, please drop me a line at [nicola.davies14@nhs.net](mailto:nicola.davies14@nhs.net) – it's really useful to know what things are spiking your interest and it would be great to put together a really useful database that we can continue to use in the future.



## **New resources to negotiate a comms minefield**

**By Richard Turner, Communications Lead at Kernow Local Medical Committee**

A nationally-acclaimed academic – with a far finer mind than mine – once described the language the NHS uses to communicate as 'jargon'.

Somewhat uncharitable, perhaps. But in a profession laden with acronyms (STPs, CQUINs, anyone?) and management buzzwords (deep dive, moveable feast, roadmap), he has a point.

Throw in the raft of service and organisational change programmes to communicate as part of Sustainability and Transformation Partnerships (STPs) – documents described by the Plain English Campaign as 'gobbledygook' – and we're treading gingerly in a minefield of messaging from numerous commissioners, providers and partners.

Simplicity is the key to clear and effective communication – especially with the unprecedented challenges facing general practice.

Communications are the lifeblood of any organisation and the LMC will be enhancing its content and channels in the coming months to provide relevant and up-to-date information about our work and the wider issues surrounding the profession.

I've just joined the LMC to oversee our various channels including the newsletter, website and social media. I've around 20 years' experience in corporate communications – in the NHS, police, higher education, social housing and civil service – and journalism.

There are lots of exciting plans in the pipeline, but our early work to generate some 'quick wins' has included:

- issuing a media release encouraging people to have the flu vaccination at their GP surgery which has generated coverage in the [Packet](#) newspaper and [Pirate FM](#).
- facilitating an offer from Dr Nikita Kanani, Acting Primary Care Director of NHSE, for some members of the LMC's Executive to join an app-based networking group for primary care leaders which will act as an informal sounding board to share ideas, best practice, issues and frustrations.
- launching a LinkedIn social media account which has already gained around 600 followers.
- stakeholder mapping to quickly follow another 1,000 local, regional and national key influencers on Twitter and extending our following by 150 people.
- enhancing our monthly newsletter, including facilitating regular columns written by our Executive Team and local practice managers.

I'm keen to hear your thoughts on the LMC's current communications – how we could improve and what you want to see more of in the future.

You can share your views with me at [rich@kernowlmc.co.uk](mailto:rich@kernowlmc.co.uk) Feedback will be useful, as part of the process towards shaping a new communications strategy for the LMC.

Thanks for the warm welcome – I look forward to meeting more of you in the coming weeks.

## **Sedation for radiological procedures**

### **Dr Phil Trevail, Executive at Kernow Local Medical Committee**

From time to time patients may present with a request for 'something to relax them' prior to a radiological procedure, or with a letter from secondary care requesting that a GP should prescribe.

A classic example may be for claustrophobia for an MRI scan.

This topic is often mentioned on the Resilient GP group on social media and there are useful comments to be found urging huge caution.

There are very clear guidelines from the Royal College of Radiologists to be found at: [https://www.rcr.ac.uk/system/files/publication/field\\_publication\\_files/bfcr182\\_safe\\_sedation.pdf](https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr182_safe_sedation.pdf)

Radiologists should be arranging their own prescribing and monitoring.



A further link which may be useful is: <http://www.ganfyd.org/index.php?title=Sedation>

If there were to be problems or complications then it is unlikely that the radiologist will pick up the pieces and your Medical Defence Organisation may not be best pleased.

Whilst every prescriber is free to take the risk and responsibility of prescribing, the LMC would urge considerable caution and would support any colleagues in declining to take on the workload and responsibility for a secondary care procedure.

### **Criteria change for Clinical Pharmacists in General Practice Programme**

The criteria has changed to apply for co-funding for a clinical pharmacist as part of the NHSE Clinical Pharmacists in General Practice Programme.

This will offer more flexibility for sites to operate across a smaller population size and for clinical pharmacists to work part time. More information about the programme is available [here](#).

### **Practice locum reimbursement for phased return to work**

The General Practitioners Committee (GPC) has been made aware that a number of local commissioners have refused locum reimbursement following GP partners returning to work from sickness absence on reduced hours (phased return).

The GPC has challenged these decisions with NHSE nationally, as they represented a clear breach of the GMS Statement of Financial Entitlements.

This intervention has resulted in NHSE conceding the GPC's position that when GP partners return from sick leave on phased return certified by Med3, the SFE mandates that the practice must be reimbursed the cost of their cover in exactly the same way as if the partner was still completely off sick.

Furthermore, whilst there are some circumstances where a practice may not automatically be entitled under the SFE to locum reimbursement when a salaried GP is on phased return from sick leave, NHSE nationally has made it clear to all local commissioners that, to avoid discrimination, salaried GPs' absence during phased return will also be reimbursed on a discretionary basis.

An updated SFE will be published shortly and NHSE will also imminently be publishing a new protocol dealing with the correct interpretation of the SFE in respect of various issues related to practice locum reimbursement entitlement for parental and sick leave, on all of which GPC has successfully challenged local commissioning decisions where reimbursement had been inappropriately denied.

In the meantime, in respect of the specific issue of phased return from sickness, [guidance](#) has just been published on the NHS Employers website.

## NHS paper referrals

All referrals made to secondary care acute providers must now be made using the eRS system.

This is in accordance with the terms of the NHS Standard Contract. Any paper referrals, or referrals from other methods such as email, that are received after 1 October 2018 will be returned to the originator with a request to resend via the eRS system.

It is recognised that there are a few exceptions to these rules. However, the broad principle remains that unless there is an express agreement with a CCG to do otherwise, only eRS referrals will be accepted after 1 October.

If you have any queries, please contact your local GP Liaison Officer or look at the [NHS Referral Guidance](#) information.

## Data protection – ‘type 2’ objections are no longer valid

The national data opt-out was introduced in May 2018 to coincide with the introduction of the General Data Protection Regulation (GDPR). It replaces the ‘type 2’ objection that was previously offered by GP practices. Following a series of communications to GP practices, NHS Digital stopped collecting and applying type 2 objections on 11 October 2018. Practices must no longer record type 2 objection codes and instead signpost patients to the ‘Your NHS Data Matters’ service using the materials provided earlier this year (including posters, handouts, screen text, and recommended text to be added to GP practice privacy notices). For further details see the [opt-out pages on the NHS Digital Website](#)

## Resolving issues reporting data protection breaches

Many local GP practices have indicated that they have had issues using the new [NHS Data Security and Protection Toolkit](#) to report breaches.

To report a breach, you need to be set up as an administrator and once you are logged in you can click ‘Report an Incident’. NHS Digital has recently produced a [webinar](#) about reporting breaches.

The good news is that the Toolkit will decide, based on the information that you provide, whether the matter needs to be reported to the Information Commissioner’s Office (ICO), Department of Health and Social Care (DHSC) and/or the National Cyber Security Centre (NCSC). This means that there is no need to report the breach to the ICO separately, as the Toolkit will report the breach directly to the ICO for you. The ICO will then contact you or your Data Protection Officer (DPO) to request further information if necessary. You also need to record a copy of the breach on your internal register to show your compliance with General Data Protection Regulations (GDPR)/Data Protection Act 2018.

Not all breaches will need to be reported via the Toolkit, but they must be recorded on your internal register.

## Winter Indemnity Scheme

The Winter Indemnity Scheme (WIS) for 2018/19 has been approved and funded to run from 1 October 2018 to 31 March 2019. GPs are required to book WIS cover in advance with their medical defence organisations.

## Flu immunisation programme guidance

PHE has published new [guidance](#) on the national flu immunisation programme – including advice if individuals have inadvertently been given a flu vaccine that is not the one recommended for their age group.

## Flu vaccine orders for 2019/20

The [Joint Committee on Vaccination and Immunisation](#) (JCVI), the body that advises UK health departments on immunisation, has reviewed the latest evidence on influenza vaccines and issued advice on the most effective vaccines for the **2019/2020** influenza season.

However, The JCVI advice is being considered by Public Health England (PHE) and NHSE and guidance for GP surgeries on the appropriate vaccines to order for the 2019/20 season will be published in the annual flu letter, expected in December 2018. **Until this letter is published, confirming the recommended vaccines for the 2019/2020 season, GPs are strongly advised not to place any flu vaccine orders – at the very least, if you place a provisional order then please make sure that you can amend your order easily and free of charge, if necessary.**

## Q&A on sharing info with pharmacy on patients who have had the flu vaccination

### Q. Does a GP practice need to know the site of a flu vaccination?

The national pharmacy GP Practice Notification Form does not include this information. GP practices have requested this information from pharmacies, stating that they require this to be recorded in the event that a patient reports an adverse reaction to the vaccine. At present the pharmacist is not obliged to provide it as a routine. If in the future this information is required by the GP practice to provide clinical care to the patient, they could ask the patient about the site of the vaccination or if the patient cannot recall this information, the GP practice could request that information from the community pharmacy.

### Q. Does a GP practice need to know the manufacturer, batch number and expiry date of flu vaccines administered by a community pharmacy?

The national GP Practice Notification Form does not include this information. Some GP practices have requested this information from pharmacies, stating that they require this to be recorded in their records to allow them to contact patients if there is a drug recall for a specific batch of vaccines. If a drug recall does take place it would be the responsibility of the community pharmacy to identify whether they had vaccinated any patients using the recalled vaccine. The pharmacy would then follow the instructions provided in the recall



notice, including contacting patients where this is necessary. That action would not be the responsibility of the patient's GP practice if they had not administered the vaccine.

### **Supplies of Hepatitis B vaccine have improved**

The supply situation for hepatitis B vaccines has improved and GP practices should be able to order as per historical demand. Although MSD have constrained supplies of the vaccines, GSK have very good stocks available.

### **Petition – Advanced Clinical Practitioners to sign Med 3 forms (FIT notes)**

Local practices may wish to consider signing a national [petition](#) to the Government to allow Advanced Clinical Practitioners by law to sign FIT notes to help save time and improve efficiency.

### **Pointers to help practices ahead of CQC inspections**

The Care Quality Commission (CQC) has developed a new methodology for future inspection reporting – including an evidence table. The evidence table provides the detail of the inspection findings and also an indication of what the CQC looks for as part of their inspection. It covers essential standards in areas such as safety, staffing and leadership. It will help you to assess, prepare and monitor the quality of your service and it would be a useful addition to your quality assurance process, as a live working document. You can download the template [here](#).

### **Myth-busting CQC inspections**

Professor Nigel Sparrow, the CQC's Senior National GP Advisor, clears up some common myths about inspections of GP and out-of-hours services and shares agreed guidance to best practice. Read more here:

[www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update)

### **Plymouth based Minor Eye Conditions Service now live**

For the East, the new Plymouth based Minor Eye Conditions Service (MECS) provided by local optician practices went live on 1 October 2018.

This service provides urgent eye assessments for patients complaining of recent/sudden onset of specific minor eye conditions.

The service provides care closer to home, avoiding a trip to the hospital for patients who do not require emergency eye care, but need to be seen by an accredited eye care practitioner.

The service is provided by a range of optician practices across the area (East Cornwall, Plymouth City, parts of South Hams and West Devon).

The following conditions may be seen by MECS:

- Red eye or eyelids with no loss of vision

- Dry eye, or gritty, or itchy and uncomfortable eyes
- Mild ocular pain (scale 1-5): 1-3 + better with pain killers
- Irritation and inflammation of the eye
- In growing eyelashes
- Significant recent sticky discharge from the eye or watery eye
- Recently occurring flashes or floaters < 3 months with no loss of vision – no curtain across vision
- Recent change or distortion of vision > 48 hours with no pain.

If a patient contacts/presents with one of these problems, you can signpost them to:

- Andrew Keirl, The Parade, Liskeard. Tel: 01579 346694
- Noakes, Habermehl & Kerr Opticians, 101 Fore Street, Saltash. Tel: 01752 847477
- Noakes, Habermehl & Kerr Opticians, 49 Fore Street, Callington. Tel: 01579 382345
- Specsavers, 27-29 Lower Fore Street, Saltash. Tel: 01752 850120
- Specsavers, 11 Broad Street, Launceston. Tel: 01566 774354

### **Sign up for new NHS England general practice bulletin**

NHSE has launched a new general practice monthly bulletin which provides resources on health policy and practice for GPs and the primary care audience, including practice managers and nurses. You can sign up [here](#) to receive it.

### **Top tips when agreeing a surgery lease**

When the time comes to agree a new lease for your GP practice, it's important to remember that you have rights and negotiating power. Whether the lease is up for renewal or you're due to sign your first ever agreement, it's imperative you understand the major factors affecting your room for manoeuvre, so you can secure the most favourable terms and provide stability for your practice moving forward. Read more [here](#).

### **LMC Buying Group: member rates**

Members of the LMC Buying Group can access discounts – potentially worth hundreds of pounds.

To access the discounts, either login to the Buying Group website and request a quote or contact the supplier directly, mentioning your practice is a member of the LMC Buying Group or state the discount code from the suppliers' page of the Buying Group website.

If you were using an approved supplier before you became a Buying Group member, or have been using a supplier for a long time and aren't sure whether you are receiving the correct rates, email the Buying Group to check: [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk)

ENDS



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Produced by Kernow Local Medical Committee.

Copy submissions for the next newsletter should be emailed to [rich@kernowlmc.co.uk](mailto:rich@kernowlmc.co.uk) by noon on Friday, 16 November, please.

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