



November 2019 Edition



'Another duck house for your moated second home anyone?'

Editorial by Dr Nick Rogers
Vice-Chair at Kernow Local Medical Committee

As the UK approaches another General Election, we wait uncertainly to see which particular flavour of political party will direct health policy in the coming years.

Will it be the Tories and their track record of strip mining the NHS, and who can forget Jeremy Hunt as Minister for Health?

Or perhaps we can trust Labour again after their fierce and prolonged attack on overpaid GPs in 2008 and 2009, which was only stifled by the MPs' expenses scandal in that year. Another duck house for your moated second home anyone?

Locally, the LMC executive met with Andrew Cox, the Acting Senior Coroner, and had an enlightening and productive meeting – the details of some of his thoughts about loosening some of the constraints about locally enforced requirements regarding when we can issue death certificates are available on page 2 of this newsletter.

Nationally, the English LMCs National Conference will be held later this month. We will be travelling to London to debate motions that will then become policy for the General Practitioners Committee (GPC) negotiators in the future. Remember, if there is something about the contract, your dealings with NHS Property Services, Capita, or other negotiations which you feel need to be raised on a national level then we can put your thoughts to Conference (it may be too late for this year by the time this goes to press).

On a more personal level, I must apologise for my previous mugshot on the other LMC editorials. I am reliably informed that it was enough to curdle milk and frighten small children – hopefully the latest offering is an improvement. I have been informed by my daughter that a filter might help, or perhaps a paper bag!

Old Jokes Home. I told my wife she had been drawing her eyebrows on too high. She looked surprised!

Reducing post mortems (PMs) in natural cause deaths

By Andrew Cox, Acting Senior Coroner

In 2018, 3,075 deaths were reported to the Cornwall coroner. This resulted in 1,400 post mortems (PMs) – a conversion rate of 46%.

One of the Chief Coroner's Key Performance Indicators is that the conversion rate should be 30% or below. Cornwall was the second worst performing coroner area in the South West last year.

It is my responsibility to bring down the conversion rate to the Chief Coroner's target. Can I ask please for your assistance with this. I am aware this may provoke some disquiet and it will require a fresh approach. I hope it will help if I set out my view of how these matters should be considered.

Registered medical practitioners who complete a Medical Certificate of the Cause of Death are required to state the cause of death 'to the best of their knowledge and belief.' Doctors do not need to be 'sure,' a misunderstanding I see regularly.

Doctors are required also to have attended upon the patient for their last illness; and either
a) that attendance was within the previous 14 days; or
b) the doctor sees the body after death.

Coroners, however, have a discretion to extend the 14 day period. In the right cases, I will extend back three months routinely and six months exceptionally.

Often, this arises where a palliative patient has been well cared for by a paramedic or advanced nurse practitioner without face to face doctor input. In such cases, I will ask the certifying doctor to discuss the care with their professional colleague and perhaps a home or the family to ensure, for example, there has been no contributing trauma. This will assist Cremation Referees who have to be persuaded a cause of death has been 'definitely ascertained.'

I will make myself available to discuss problematic cases. Please be confident that, going forward, you will have my support.

Comment from Dr Will Hynds – Chair at Kernow Local Medical Committee

I would like to express my thanks for the active engagement that Andrew Cox has shown with the LMC with the explicit aim of improving Cornish processes. It will not have escaped your notice from the piece above that a literal reading of the rules would suggest that seeing the patient 14 days before death or seeing the body after death are equivalent. I questioned Andrew on this specific and he confirmed this was the case provided the certifying doctor did "attend upon" the patient in their final illness. This is relevant in the situation where your main role has been in a supervisory capacity for a team of allied health professionals looking after a dying patient – if you view the body after death you are able to certify if you have a "probable" cause of natural death. This may also have significance for the EDF process we have developed in Cornwall which needs reform and the LMC are going to be working with the Coroner, OOHs and Crem referees to see what can be done.



School-age Immunisation Programme: Payments to general practice

By Dr Jonathan Katz, Medical Director at Kernow Health

Back in 2016 when the school-age immunisation programme moved from general practice to Kernow Health, the LMC negotiated a one-off payment schedule with NHS England (NHSE) to ease the transition and to prevent too much of a financial impact; this arrangement ended in 2017.

Kernow Health is now into its fourth year of delivery and the question of funding for general practice is still one which generates queries. This update aims to clarify the responsibilities of Kernow Health and of general practice.

Kernow Health must offer the opportunity of immunisation to 100% of the eligible cohort for the Nasal Flu, HPV, MenACWY or DTP via the school-age programme. Kernow Health invites all children in the relevant age group, including those at risk, by emailing letters to every school for them to circulate to parents. In addition, a letter is sent to Cornwall Council's Elective Home Education Team to ensure that home-schooled children are not excluded.

The vast majority of vaccinations are completed in schools and there are community catch-up clinics at various dates and locations throughout the academic year. Kernow Health must ensure clinics are easily accessible and every chance given to attend. Catch-up clinics are for children who were absent or unwell on the day of the school visit and for children who are home educated. Clinics are occasionally attended by children who have special requirements or particularly want to be accompanied by their parents for the immunisation. Kernow Health must notify the Child Health Information Service (CHIS) of all vaccinations given by them.

General practice must offer ('call and recall') flu vaccination to all children of all ages who are in an at-risk category as described in the annual flu plan letter, as well as all 2 and 3 year olds. Any vaccinations completed by GPs in these groups are eligible for remuneration under the NHSE Enhanced Services for influenza vaccination.

There is a chance that children who are in primary school, and have an underlying chronic condition such as diabetes, may receive 2 or even 3 offers – 1 from the school provider and 1 ('call') or 2 ('call and recall') from their GP. It is important for these **vulnerable** children to receive vaccination as early as possible in the flu season and so if their school is not being visited until later in the season, it is suitable for GP practices to vaccinate them early. These children may have complex conditions and their parents may wish to exercise choice for these children. For this reason, NHSE circulates the Kernow Health schools schedule to practices via the GP bulletin.

General practice must offer HPV, MenACWY, and Td/IPV to any child who has missed the opportunity to be vaccinated at school, eg those in year 10 and above. There is no requirement to invite these children; this is seen as 'opportunistic' vaccination. There is provision for remuneration, in the Payment for Specific Purposes section of the GMS

contract for HPV and MenACWY, depending on age at date of vaccination. Provision for Td/IPV is included in the GP baseline contract value and no additional fee is paid.

General practice must notify the CHIS of all vaccinations given.

CHIS must notify general practice of all immunisations given to their patients by any other provider and must notify the school immunisation team of any immunisations given to their target patients, to reduce the risk of duplicate vaccination.

For further information about remuneration for immunisations, GP practices should refer to the NHSE website: <https://www.england.nhs.uk/gp/investment/gp-contract/>

The team are very happy to answer any queries you may have, so please call them on 01872 221105/06/07. Please also pass the numbers to parents with questions.

Peer Improvement Tips for Care and Health (PITCH)

By Gill Dinnis, Quality Manager at NHS Kernow

PITCH has been developed to enable GP practices to share learning from excellence, significant events and highlight system-wide concerns. The 'soft launch', consultation and testing phase of PITCH has now been completed. A variety of practice staff and members of Kernow Local Medical Committee (LMC) have inputted into the use of the electronic reporting system and we will be changing the form to make it easier to use. Planning of the full launch has started with the target of the end of November 2019.

The next steps to enable system-wide learning are to increase the availability of PITCH to any health or social care services. PITCH is also used widely in Devon and we will work with colleagues there to share information and resources to make a difference to patient care.

Through the testing phase issues have been highlighted – however, themes and trends cannot be identified yet as numbers are too low. Fourteen events were received during August, September and October. The main themes identified during this period were a shift of workload between organisations which included monitoring and managing patients with complex needs and issues relating to discharges from a variety of services. There were also some concerns raised about waiting times for people to access appropriate services.

There were no reports of good practice and the benefits of reporting excellence and sharing good practice will be including in the launch.

LMC Comment:

If you have not been part of the PITCH pilot it might be worth saying something about our aspiration for the project. Given the number of valid moans that the office receives about system problems it is painfully clear we need an effective place to log these problems which will provide data to leverage change. So, although PITCH may seem like a re-branded STREAM, the lessons have been learnt and the intention is that PITCH will be a single point of access for all system failures. We are hoping it will not only provide evidence of patterns



CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

of problems, but also be specific enough to result in individual patients getting timely action after a GP logs an issue. In Devon, the PITCH (previously called “Yellow Card”) team feed back to all users monthly on the issues reported and the actions taken and it is an active tool for change. Clearly, the proof will be in the pudding, but after launch we will start running some campaigns using PITCH to highlight discharge summary and clinic letter timelines as well as workload shift and it should be helpful to create improvement. We shall see!

Failed radiology reporting

The LMC will act on behalf of local GP practices impacted by a failed radiology reporting issue at the Royal Cornwall Hospital Trust (RCHT) to pursue remuneration for the unnecessary work and pressure on general practice teams.

Practices who would welcome LMC support are asked to confirm the number of reports to be audited to the LMC. Please email: emma@kernowlmc.co.uk

Presentations from the Kernow Practice Managers Conference

The presentations from the recent Kernow Practice Managers Conference are now available on the LMC's website.

<https://kernowlmc.co.uk/churchill-suite-presentations-pm-conference-5th-nov/>

<https://kernowlmc.co.uk/bay-view-presentations-pm-conf-5th-november-2019/>

<https://kernowlmc.co.uk/taste-brassier-presentations-pm-conference-5th-nov/>

Practice managers – or equivalent – who attended are asked to complete the short evaluation form, which was enclosed in the delegate packs, and return it to admin@kernowlmc.co.uk by Wednesday, 27 November, as it will help inform future event planning.

Pastoral Support Service update

A reminder that our Pastoral Support Officers (PSOs) are what were previously known as Doctor's Friends. The service offer remains the same, but we have expanded our team in recent months. More information about the service is available [here](#).

Flu vaccination media release

The LMC has issued its annual flu media release encouraging the public to have the vaccination at their GP practice, which has been followed up by the likes of [Pirate FM](#).



Flu latest

Email address for contacting the NHS England Pharmacy Team

The email address for feeding back about potentially inappropriate or inconsistent issues around flu vaccines given in pharmacies is: england.pharmacysouthwest@nhs.net

'Social care' flu vaccinations eligibility for NHS programme

Criteria for inclusion:

- health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza
- health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/07/20190624inactivatedinfluenzapgdv07.00jh05072019.pdf>

Other social care staff who aren't employed as above might be able to access immunisation through their employer's occupational health scheme.

AccuRx update

There have been positive developments for local practices using accuRx Chain SMS to message patients. AccuRx have agreed to have custom templates unlocked for practices. [Here](#) are the steps for setting them up. For any practices not using Chain yet, please find some information and steps for set up below. [AccuRx Chain SMS](#) is a free patient messaging product that lets anyone in a GP practice send one-way messages straight from the consultation window (these messages are automatically saved to the patient record). It is EMIS and NHS Digital accredited and is already being used by over 60% of EMIS practices across the country.

Practices can set themselves up with the steps below, which only take 10 minutes:

- 1) [Enable everyone in EMAS manager](#) (you only need to do this once!)
- 2) [Install accuRx on each computer](#) (if you save the install file to a shared folder, it's slightly easier to access on other machines)
- 3) Users can then make an account (by clicking 'Create your account') and start sending messages!

Update – Cornwall System Wide Linked Dataset

All GP practices sharing data for the Cornwall System Wide Linked Dataset will receive an updated Information Sharing Agreement (ISA) which will be e-mailed to practice managers to sign in the next few weeks.

This updated ISA reflects changes in light of General Data Protection Regulation (GDPR) and the re-branding of the Shaping Our Future programme in Cornwall.

The process for GP practices has not changed. The ISA has not been amended in terms of the use of the GP data for data linkage or the data extraction processing, but solely in terms of

meeting information governance requirements in light of General Data Protection Regulations (GDPR) changes (for all organisations sharing data).

National awards for local general practice

General practice in Cornwall is pioneering the way in which services will be organised in the future and has been nationally recognised at an awards ceremony.

St Austell Health Care and East Cornwall Primary Care Network scooped top awards in recognition for their innovative approach to working collaboratively as practices as well as with the community and voluntary sector. [Read more here.](#)

Training Hub Bulletin

A reminder that The Training Hub Bulletin goes out fortnightly. Previous issues can be found [here.](#)

Exception reporting – QOF implications

NHS England and Improvement (NHSE/I) have released the following statement, after practices raised questions about how the new business rules regarding exception reporting are impacting upon QOF data, giving rise to patient safety concerns.

“The business rules reflect what was agreed during contract negotiations in that, at the end of the QOF year, if a patient has not responded to two invitations then they can be removed from an indicator denominator using the personalised care adjustment rule. It is important to note that while QOF data are collected from about September onwards it is only the collection on 31 March which is used to calculate achievement and ultimately practice payment. The current issue is arising because system suppliers are linking the business rules (which are intended to produce a year end calculation and are correctly drafted to achieve this) with in year care prompts. It is this linkage which is causing the prompts to be removed from the patients’ record, when from a clinical care perspective it would be better if they were to remain.”

Both NHSE/I and the General Practitioners Committee (GPC) are writing to system suppliers, to ensure this is rectified as soon as possible. We shall keep you updated.

Wanted: Local PCN success stories

The General Practitioners Committee (GPC) is looking for local Primary Care Network (PCN) success stories to share as best practice.

Whether it's inventive ways of using the funding, success in recruitment, or working well together to deliver PCN services, the GPC wants to hear from you.

The case studies will be showcased at the GPC's 2020 PCN Conference on Saturday, 8 February, 2020.

Please email dhodgson@bma.org.uk with a short description of your project/work and how it is benefitting your PCNs, teams and/or patients.



Transfer of clinical pharmacists to the PCN DES

NHS England (NHSE) has extended the deadline for clinical pharmacists employed under the Clinical Pharmacist in General Practice Scheme to transfer to working under Primary Care Networks PCN DES until the 30 November, 2019. This is to allow people more time to finalise the arrangements where a transition has been, or was, in the process of being agreed. After this date, any clinical pharmacists who have not transitioned to work as part of the PCN workforce delivering the duties outlined in the Network Contract DES will no longer be eligible to do so and will be counted in the PCN staff baseline.

Debt and mental health form

A new debt and mental health form and process has been introduced following a [cross sector agreement](#) with the British Medical Association (BMA). New BMA [guidance](#) has just been published and a much shorter form has been introduced that can be completed by a wider range of healthcare professionals, thereby reducing the burden on GPs.

As part of the agreement, GPs in England can no longer charge a fee for completing the debt and mental health form. The only contractual requirement is to answer 'yes' or 'no' when asked whether the indebted person has a mental health condition and if the answer is 'yes' then to give the name of this condition. There is no obligation or expectation to complete the reverse of the form. All forms and accompanying guidance are available on the [Money Advice Trust website](#).

Safeguarding training update

Following concerns from the General Practitioners Committee (GPC) about the impact on practices of implementing safeguarding training guidelines, NHS England (NHSE) has confirmed that it does not set the training requirements for practice staff and that under GP contract arrangements it is for contractors to ensure that their staff are adequately trained to a level that keeps them and the public safe.

The GPC has updated its [practice training resource](#) to reflect Care Quality Commission (CQC) and NHSE expectations on safeguarding training.

Patient advocacy in primary care (duty to refer)

A reminder that patients who lack mental capacity to make decisions about their treatment have a legal right to an advocate in certain circumstances. When this arises in primary practice, GPs have a legal duty under the Mental Capacity Act 2005 to refer for an independent mental capacity advocate (IMCA). Read more [here](#).

Falsified Medicines Directive

The General Practitioners Committee (GPC) guidance on the Falsified Medicines Directive (FMD) remains the same, as previously advised: www.bma.org.uk/advice/employment/gp-practices/service-provision/falsified-medicines-directive Further guidance is expected in the



wake of our exit from the European Union. Timescale? Impossible to say ... as soon as we have more to report, we will share with you.

Learning disability registers

NHS England (NHSE) has published [new guidance](#) for practices to ensure that learning disability registers are comprehensive and up to date, and vulnerable patients are given the opportunity to receive flu vaccinations and annual health checks. The General Practitioners Committee (GPC) encourages practices to use this guidance to regularly review their learning disability registers. However, the GPC has raised concerns with NHSE about the significant amount of time it will take to manually update registers to include all of the conditions listed. The GPC is pressing NHSE and NHS Digital to commission an automated system as soon as possible. Meanwhile, where diagnosis of a learning disability is unclear, GPs should refer for a specialist assessment.

Care of people with a learning disability in GP practices

The Care Quality Commission (CQC) has updated its myth-buster on [care of people with a learning disability in GP practices](#) with up-to-date advice and material.

Locum guidance on pension annualisation

The British Medical Association (BMA) has sought clarity from the NHS Business Services Authority on annualising for sessional GPs who are members of the 2015 career average revalued earnings scheme. Locums who work out-of-hours can now be afforded a different pension status as part of the 2015 scheme. This will change how their pensions are annualised. Read more [here](#).

IR35 and the impact on locums

Further changes are planned to IR35 which will impact on locum GPs. Private, as well as public sector bodies, will now be responsible for determining the employment status of their workers. Dr Matt Mayer, Deputy Chair of the Sessional GPs Committee, considers this in his latest [blog](#).

CAS Alerts for locums

If you are a locum and wish to receive the Central Alerting System (CAS) Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) please register with them directly by emailing safetyalerts@mhra.gov.uk You will need to confirm the email address you would like alerts sent to and to make clear in the email you're a locum. It may take a few days for the MHRA to respond, but they will make contact with you.

Annual QOF report

NHS Digital has published its [annual report](#) on the quality and outcomes framework (QOF). It uses data reported by general practice to show the prevalence of 21 conditions, including asthma, hypertension, dementia, diabetes and depression, as well as changes to prevalence recorded since last year's report.



You may also have heard that there are some concerns around the impact on patient safety and QOF performance, of new exception reporting rules under the terms of the 2019 contract. The General Practitioners Committee (GPC) is engaged in priority talks with NHS Digital and system suppliers, to find an early resolution. As soon as the LMC knows more, we will update you.

Case studies wanted for GP recruitment campaign

Health Education England (HEE) is having some success in recruiting more doctors to train as GPs – 3,538 were accepted onto GP training places for 2019-20, the highest ever number. Applicant feedback indicates that accounts from GPs and GP trainees can inspire and influence the decisions of doctors as they choose specialty training. HEE needs more case studies for the [GP National Recruitment Office website](#).

If you are willing to describe how you feel about treating your patients, what you're able to achieve or something around the outcome or benefit(s), please email GP Recruitment gprecruitment@hee.nhs.uk.

Survey on cancelled/rescheduled CQC inspections

The Care Quality Commission (CQC) has launched a short survey about the impact on primary care providers – including GP practices – when its inspections are cancelled or rescheduled. You can take part [here](#).

Improving the CQC's registration processes

The Care Quality Commission (CQC) is trying to improve its registration process. Its research team is reaching out to GPs who have recent experience of registration relating to:

- Taking over an existing care service
- Transferring a legal entity for an existing care service
- Taking over aspects of contract provision from another care service

If you have recent experience in these areas and would like to take part in this work please contact experience.research@cqc.org.uk quoting reference WT1.

All local registration questions should be routed to Mark Dunford, Registration Inspector at the CQC, at mark.dunford@cqc.org.uk

Practice manager survey

A major national practice manager survey has launched to gather views on issues such as working hours and pay. Practice managers can take part in the First Practice Management survey [here](#).

PSCE bulletin

The latest Primary Care Support England (PCSE) bulletin includes details on new Performer List processes being introduced in December 2019 and improvements to the PCSE Online Form. [Read more here](#).



CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

The LMC continues to experience a high volume of concerns and frustrations from general practice colleagues, in regard to Performer List and Pension concerns being handled by PCSE. As always, if you feel that the LMC can be of help with any of those issues for your practice, please do not hesitate to let us know the CAS number, a brief outline of the problem and we will do our very best to progress this for you.

General Data Protection Regulations (GDPR) update

The Information Commissioner's Office (ICO) provides a useful [live chat](#) facility where you can directly ask them about individual cases if you are unclear on who should have access to what. It has the advantage that the whole webchat is then sent as an email that can be attached to the patient record for future reference.

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. Vacancies are also available on the [jobs page](#) of Kernow Health's website.

Kernow Health's Staff Bank is also now live for workers and practices to sign up. Please follow these links:

<https://cornwallcepn.co.uk/general-practice-staff-bank/>

[Bank Worker sign-up](#)

[Practice manager sign-up](#)

Lantum are supporting practices in key functions, including adding shifts and availability. If you or your practice teams would like any additional support in using the Bank, please contact kernowhealth.workforce@nhs.net

Events calendar

The LMC's [events calendar](#) provides an overview of what's taking place to support local general practice. It includes the Early GP Career Event, hosted by Kernow Health, on Wednesday, 13 November.

Produced by Kernow Local Medical Committee. Copy submissions for the December newsletter should be emailed to rich@kernowlmc.co.uk by Friday, 22 November please. Disclaimer: The companies, products and services mentioned in the newsletter are for illustrative purposes only and implicitly are not an endorsement by Kernow Local Medical Committee. Individuals and practices who wish to acquire products and services advertised in the newsletter do so at their own discretion and risk. The LMC strongly advises that the information is carefully checked, as it is subject to change, and comparison sought with other similar products and services before entering into any legally binding agreement. Please advise the LMC of any inaccuracies or issues encountered. The LMC cannot be held responsible or liable in any way for any losses, liabilities, injuries, death, misuse of information, copyright issues or reputational damage associated with products or services mentioned in the newsletter.