Kernow Local Medical Committee

CONNECT Monthly newsletter for the Duchy's GPs and practice managers

February 2020 Edition

The Country Has Spoken

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

Unfortunately, I don't think they understood the question. However, we are left continuing on our current tradgectory (sic), except now we appear to have some significantly emboldened masters at the helm. There is a sense they can do what they want, at least for the next 4 years, until they have to address any damage in time to get re-elected. In some areas this might produce some progress. For us it produced the Primary Care Network (PCN) DES specs which I am hoping you had a cursory look at before feeding back your righteous outrage. I have a sense they misjudged it in a post-election power rush. The concept that anyone in the Department of Health (DoH) thinks PCNs could deliver even some of it in their current evolution shows worrying reality-disconnect.

The optimist in me says NHS England and NHS Improvement (NHSE&I) purposefully wrote an extravagant, aspirational piece of guff so that whatever fall-back is negotiated does not seem so bad. In that version of events all is going to plan. NHSE&I launched a half-hearted consultation (over Christmas with replies due yesterday etc) and the General Practitioners Committee (GPC) stimulated an outraged response from GPland (which I like to think nearly broke the internet). This gave the GPC some cards to play in the negotiation process, but also let them know they could not accept a minor climb down without losing their jobs. So NHSE&I conceded a bit, but not enough, and the GPC rejected the offer and the nation's LMCs have called for an emergency conference to vent your spleens for you. I think there is still some backroom activity going on and would be surprised if a watered-down version is not agreed, probably before the emergency conference.

However, in an attempt to settle your worries, let us think of the worst-case scenario – a failed negotiation with an imposed offer. It is an enhanced service and all enhanced services are optional. No one with a calculator will sign up to a deal that does not add up and then it will fall to the CCG to provide our patients with the Network Services. Now, I suppose they could bring in another provider to do it, but most likely they would create a local incentive scheme and offer it in chunks (with money attached) to you. The moral of this tale is that we are in quite a strong negotiating position and we should be cautious about accepting any deal that smells funny. Apart from that reassurance I do not have any new insight on the specs – we are all in suspenders…

Elsewhere you may have clocked the negative reportage in the national press over a leaked internal email from Treliske. The press spin implied that RCHT management would support

any doctor who discharged a patient "a little early" due to the bed pressure they were under and primary care would pick up the pieces. This provoked an urgent response from your LMC and a meeting between Kate Shields (RCHT CEO), Allister Grant (RCHT Medical Director) and the full committee. As usual the press had been a bit one-eyed and we received assurances that the intention was misunderstood and misrepresented and the outcome was reported to you by a special bulletin. If you haven't seen it, the material is also available in the LMC Committee Meeting summaries section of the GP Knowledge Base on our new website for those who have already registered – or sign up here.

I am hoping this will encourage more effective interface between RCHT and the LMC going forward. I am particularly keen that consultants start using ICE for their community pathology ordering and Kate has agreed to prioritise this. As another sign of progress RCHT is trialling a process of patient initiation of re-booking after an outpatient DNA. They are piloting this in ophthalmology to start with and if they can get it to work the hope is that any patient who DNA's by mistake and wants to be re-appointed has 3/52 to contact the hospital themselves and they will be re-booked. Simples!

Hopefully you have received an email invite to register for our newly launched website. There have been a few little teething problems and it will need some moulding by you over time, but I am confident you will find it stuffed with useful goodies. The hope is that if you have a question to which you think the LMC might know the answer your first point of call will be the search bar in the knowledge base. It is the love child of Rich Turner, our comms lead, and if it does not provide a useful function for you we need to know. Can I encourage you to feedback to Rich via email at rich@kernowlmc.co.uk if things don't work or you feel something is missing. Some of the resources are heavily borrowed and over time we will make it ours. More information about the new website – which also provides an alternative route to access pastoral support – is available here.

As a Committee and an Executive we continue to represent your interests in a trillion different meetings. Hot topics at the moment include allocating the PMS premium for this year, expected death forms and SWASFT/111 liaison, long term enhanced service restructure, a formalised primary care negotiation forum and an exciting development over Coordinate My Care. Throughout we will endeavour to get the best deal for you and your patients and make sure general practice has a voice in the asylum.

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PCNs – more time and flexibility needed for meaningful transformation

By Dr Stewart Smith, GP Partner and Medical Director at St Austell Healthcare

As a Primary Care Home (PCH) rapid test-site, St Austell Healthcare has spent the last five years working to develop relationships with colleagues from across our local system and moving towards a more integrated model of care, underpinned by the principles of the PCH programme. As a result, we have moved from near service failure five years ago to being awarded the National Association of Primary Care's (NAPC) PCH of the Year award in 2019.

Like many colleagues from across the PCH spectrum, developing strong relationships with colleagues from different organisations has been the corner-stone of our transformation. For example, working more closely with our district nurses has resulted in both St Austell Healthcare and our community nursing teams being able to resolve the workforce crisis and unsustainable rising vacancies of five years ago to becoming the fully staffed team we have now.

It is important to note that building trust, making changes and seeing results takes time. Transformation needs to be co-produced by operational teams. Our successes have evolved over time by working together and identifying areas of need (and strength) bespoke to our population and the people who care for them. When we have tried to enforce change or been too eager for results, then projects have stalled and failed, despite best intentions. While we support the principles of integration and proactive care that the draft DES specifications are built on, we have concerns over the intended speed of implementation and their prescriptive nature. Based on our PCH experience, the intended DES requires degrees of Primary Care Network (PCN) and system maturity that, for most, are completely unrealistic at this stage of the journey.

It's clear to me that PCNs across the country will have different priorities and should be allowed to work on these, rather than being confined by rigid service specifications. After five years, St Austell Healthcare now feels ready to help system partners reduce pressure elsewhere, provided there is an appropriate shift in resources. The DES spec does not provide for that shift in resources and does not, in our view, effectively meet the needs of our community.

The pressures on systems and primary care are well documented – we have seen around a 12 percent rise in demand for routine appointments at St Austell Healthcare in the last two years alone. Our local system is under unprecedented pressure. The successful delivery of

the PCN contract is critical to our future, but we need to be honest and realistic about the time frame to deliver this.

Our experiences show that transformation takes years and needs to grow organically at an operational level, not be prescribed to us from boardrooms. There is enthusiasm for the PCN model amongst our local system and my Clinical Director (CD) colleagues, but, unfortunately, the draft DES specifications have dampened the mood at a time when many can ill-afford a drop in morale.
*Article produced courtesy of the National Association of Primary Care.

PCN service specifications and the Network DES: analysis of engagement

NHS England and NHS Improvement (NHSE&I) has published the results of its engagement on the draft Primary Care Network (PCN) service specifications.

Major concerns were highlighted including:

- workforce implications and the investment general practice is being asked to make in new workforce roles.
- the level of resource available to support delivery.
- the level of specificity and length of the specifications and the aggregate effect of introducing all five services from April 2020.

A summary report about the engagement, which involved over 4,000 respondents, is available here. Feedback is informing negotiations on the final GP contract package with the General Practitioners Committee (GPC).

PCN monthly Tweet chats

Join Dr Nikki Kanani, a GP and Medical Director for Primary Care at NHS England and Improvement (NHSE&I), for her monthly Tweet chats aimed at those working within primary care and the wider NHS to discuss Primary Care Networks (PCNs). Follow the live online discussion on Twitter and ask questions by using the hashtag #PrimaryCareNetworks or Tweet Nikki @NikkiKF or NHS England @NHSEngland directly.

- Tuesday, 11 February, 2020, 8pm-9pm.
- Tuesday, 10 March, 2020, 8-9pm.

Explaining new team roles in PCNs

Public Health England (PHE) has produced marketing material to promote understanding among staff and patients about some of the roles being deployed in Primary Care Networks (PCNs). They cover care navigators, clinical pharmacists, paramedics, physician associates, mental health therapists, social prescribing link workers, healthcare assistants, general practice nurses and advanced clinical practitioners.

New research on building effective teams in general practice

The King's Fund – a national health think tank – has produced a new guide drawing on insights from its research, policy analysis and leadership practice to outline ways in which GP

practices can create and sustain effective teams as they come together to form Primary Care Networks (PCNs). Read more here.

Lifeline referral form

The LMC is aware that Cornwall Council has sent local GP practices a referral form for patients to access a free trial for the Lifeline service.

The LMC has informed the Council that whilst GPs will do all they can to support their patients in accessing the service, the form creates additional work that local general practice is neither able to absorb nor contracted to provide. The response we have received explained the form was not compulsory to access a lifeline, only to access the free trial, which sort of missed the point! The LMC would like to remind GPs that this is a non-contractual piece of paperwork and therefore is chargeable.

Child Health Information Service (CHIS) update

By Chris Ellis, Operational Head of CHIS South West

Changes to the PCV immunisation schedule will apply to children born after 1 January, 2020 and affects their immunisations at 12 weeks old. This means it will appear on scheduled lists from the week commencing 24 February, 2020. The Child Health Information Service (CHIS) will update the scheduling system, but there may initially be some children making appointments for the week commencing 24 February, 2020 and soon after who aren't part of the relevant cohort ie they were born before 1 January, 2020. As with all changes to the schedule, please ask immunisers to check the child's age carefully to ensure they are part of the correct cohort before immunising.

Earlier this year all practices started to receive a weekly list of children moving into Out of Circulation (OOC) and will soon receive a quarterly update of children still OOC. CHIS would like to thank practices for the updates they have been sending back enabling children's records to be updated or Refusals/No Consent to be put in place.

In the next quarter we will start sending practices lists of children whose immunisation scheduling has been Suspended or where Consent has been withdrawn. We would appreciate responses in the same way as for the OOC lists to confirm that these settings are still correct. This is important, since children with a Suspension or with Refusal/No Consent on CHIS will not be invited for immunisations.

The Immunisation List sent from CHIS each week will soon include a column to highlight if a baby is under 6 months and has moved into the area. CHIS place a temporary suspension on scheduling for most children who move in for 35 days to allow time for an immunisation history to be obtained from the previous CHIS. Due to the timescales for rotavirus immunisations, it is not appropriate to delay these younger babies, so they are highlighted to practice nurses for them to check the immunisations history when they see them.

LIVI update

By Paula Varndell-Dawes, Strategic Operations Manager Kernow Health East

LIVI is now being used across the East Cornwall Primary Care Network (PCN) in every practice. Registrations are increasing week on week and many patients appear to be downloading the app in anticipation of needing this service, which is great.

We are now working with LIVI to develop other models of care such as with first contact physio, clinical pharmacy and health care activist.

This is proving to be a cost effective solution which supports our IGAP requirements, which at the same time is enabling us, as a PCN, to invest in practices with other initiatives, such as Footfall, Clarity, the low carb programme and healthy lifestyle practitioners.

LIVI is a responsive and innovative digital solution that is benefitting patients and the sustainability of primary care. If you would like more information, please contact me at: p.varndell-dawes@nhs.net

GP safeguarding update

By Dr Mark McCartney, Named GP for Child Safeguarding at NHS Kernow

GP Safeguarding Conference, St Erme, 21 May 2020 – save the date

We are planning an all-day conference mainly for GP safeguarding leads and their deputies. This will replace the spring locality meetings with me that you may have been expecting. We will guarantee one place per practice, with two places for larger practices, and possibly more space depending on the way bookings come in. It will count towards your level 3 safeguarding training. The conference will be free to attendees, but sorry we do not have any budget to support locum cover in your practices.

Please let me know if there are any topics that you would like to have covered, or those that you would prefer not to hear about. Possible topics include: domestic violence, child sexual abuse, county lines, organising GP meetings/reviews, information governance, child death reviews and adolescent issues.

There is also the possibility of some adult safeguarding issues including mental capacity, deprivation of liberty or liberty protection safeguards – please let me know if this is something you would like or prefer to hear about in another arena.

Child Sexual Abuse – information to support you

Our Safeguarding Children Partnership's Child Sexual Abuse Group has produced a Child Sexual Abuse 'What Happens' Guide to enable professionals to understand and describe to a child, family, carers or friends what happens from referral through assessment and support for children experiencing child sexual abuse.

This is a step by step guide, highlighting that each and every pathway is different and that the child is kept at the centre at every stage.

Letter from the Local Authority Designated Officer (LADO)

Health has a duty to report any allegation that a child (up to the age of their 18th birthday) may and or has been harmed or abused by a professional who works with children to the LADO within 1 working day.

What is a LADO?

The Local Authority Designated Officer (LADO) is a statutory role. The role and responsibilities are set out in Working Together 2018 and the process is set out in the South West Child Protection Procedures endorsed by Our Safeguarding Children Partnership (OSCP).

The LADO's primary function is to manage and have oversight of any investigation into an incident where an allegation of abuse or harm has been made against a professional or volunteer who has contact with children as part of their work or activities. The LADO sits within Together for Families in Cornwall Council.

When do you contact the LADO?

The LADO should be contacted within one working day of an incident arising and prior to any further investigation taking place where it appears that an allegation or concerns about a person who works with children has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved in a way that indicates he or she may pose a risk of harm to children.

More information is available here.

Need more help? For more information and advice contact:
Justine Hosking Principal LADO Justine.Hosking@cornwall.gov.uk
Telephone LADO Administrator Gina Critchinson 01872 326536 LADO@cornwall.gov.uk
Contact the MARU: 0300 1231 116 or out of hours: 01208 251300 or website www.safechildren-cios.co.uk

Sexual Assault Referral Centre (SARC) – updated information

Paediatric Service for Sexual Abuse/Assault
Telephone: 0300 303 4626
(24 hour Paediatric Advice Line)

Online referral and more information: www.sarchelp.co.uk

There is a dedicated paediatric service based at Exeter Sexual Assault Referral Centre (SARC) for children and young people up to their 18th birthday, who have suffered sexual abuse and assault. The service is staffed by specialist paediatricians, paediatric forensic doctors and a specialist nurse.

Acute cases (up to 7 days post abuse or assault)
Phone the paediatric team on 0300 303 4626 for advice as soon as possible, ideally within one hour of disclosure. The team will advise on medical and forensic management, organise an examination if needed and provide medical advice to the multiagency safeguarding process. Acute medical examinations are performed 9-5 Monday to Friday and 10-2 Saturday and Sunday, though advice is available 24/7.

Non-acute cases
Complete the online referral form at: www.sarchelp.co.uk. All referrals received will be reviewed on a daily basis by the paediatric service team to ensure that any medical needs are considered and addressed.
SARC provide specialist health advice to the multiagency safeguarding process, including strategy meetings and case conferences.
The telephone advice line is staffed by specialist paediatric doctors who can advise regarding referral and management, for either acute or non-acute cases.
More information about the paediatric service can be found at: www.sarchelp.co.uk

Adult safeguarding update

By Ann Smith, Head of Service Practice, Quality and Safeguarding Transformation and Commissioning in the Adult Social Care Directorate at Cornwall Council

Adults have the right to live life free from harm and abuse and with dignity and respect. It is a moral and legal duty that everyone who works with adults who may be at risk from harm and abuse are involved in protecting their welfare and safety.

Section 42 of the Care Act 2014 defines an adult at risk as an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The local authority retains the responsibility for overseeing safeguarding enquiries when the above criteria is met.

Identifying when safeguarding concerns should be made is not always easy. Cornwall and Isles of Scilly Safeguarding Adults Board has produced some guidance on this matter. The document is called Threshold Guidance and can be found here.

This guidance is aimed to support you to ensure safeguarding issues and concerns are reported and responded to at the appropriate level and to have a consistency of approach across agencies. It will also aid decision-making to ensure the most appropriate/proportionate responses for the individuals (incorporating the views of individuals and/or their representatives) in those decisions.

Ascertaining whether the criteria for a section 42 enquiry is met can be complex – often an incident may consist of several types of abuse which must be factored into decision making. For example, a medication error could be an indication of organisational, physical, psychological abuse or neglect. However, a medication error may be just that – an error – and is therefore more a quality of care issue.

The framework has been agreed by the Local Safeguarding Adults Board (LSAB) and will be used by all agencies, in the public, private and voluntary sectors that provide adult services.

This guidance is underpinned by the principles of safeguarding and the Mental Capacity Act 2005.

- Empowerment – People being supported and encouraged to make their own decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – Accountability and transparency in delivering safeguarding.

When considering whether to raise a safeguarding concern you should consider the following:

- How long has the alleged abuse been occurring for?
- Is there a pattern of abuse?
- Have there been previous concerns – not just safeguarding concerns, but other issues related to the victim, eg anti-social behaviour, hate crime incidents, but also in relation to the alleged person causing harm?
- Any other adults at risk?
- Is the situation monitored?
- Are the incidents increasing in frequency and/or severity?
- Are there children present? If you have concerns about children please contact the Multi-agency referral unit (MARU) on 0300 123 1116.

Currently within the adult safeguarding triage team only around 40% of concerns received meet the criteria for a safeguarding enquiry. This doesn't mean that the issues raised aren't valid – it means that there are other more proportionate and appropriate ways of responding to the issues you have raised. An example of this could be where an adult is appearing to neglect their basic care needs and there are concerns around their home environment. In the first instance a 'care management' response would be more appropriate and this means that a social worker will contact the person and offer an assessment to determine whether or not adult social care can support the adult to achieve the outcomes that are important to them.

Finally, please be advised that the adult safeguarding team have a professional consultation line that can be contacted during office hours should you wish to discuss a concern before you submit it. They can be contacted on 01872 326433.

When you submit a concern you should be notified within two working days of the outcome of your concern. If you are unhappy with the outcome of the concern and wish to discuss it feel free to contact the social worker involved or the Triage team manager who can be reached on the same number as above.

Critical care videos

By Sarah Bean, Critical Care Research Nurse and lead Nurse for Follow-Up, at Royal Cornwall Hospitals NHS Trust

Each year in the UK around 150,000 patients require admission to critical care and around 1,000 patients per year are admitted to the critical care unit at Royal Cornwall Hospitals Trust (RCHT). Despite the very wide range of conditions that can result in people requiring admission to critical care, there are many commonly repeated themes of significant difficulties that these patients face, during an often prolonged recovery period.

During our follow-up of affected patients and their families, it has become very clear that the majority simply do not know what to expect during their recovery. This lack of understanding frequently makes the situation worse, with patients feeling isolated and uncertain whether the problems that they are experiencing have been caused by themselves, rather than being a predictable response to an extremely unusual and stressful experience.

Within the follow-up clinic, we have observed that for some, explaining the causes of the various symptoms can be of benefit. Others with more profound problems will often require referral for specialist help to achieve as full a recovery as possible.

We have produced information videos on critical illness recovery which we hope will be of benefit to patients, families, staff and the wider health care community. We have been given permission by the company who helped produce them to circulate them to other organisations, free of charge. We would be grateful if the Critical Care Support Videos could be circulated and used within the local GP community.

QOF Personalised Care Adjustments

Following concerns raised by practices about the loss of opportunistic prompts following the roll out of the Quality Outcomes Framework (QOF) changes in 2019, TPP have confirmed to NHS Digital that they will add a status flag to the patient record which will alert practices to the fact these patients may be missing QOF care as part of their roll out of v44 of the QOF business rules. This will be implemented in the next two weeks.

NHS Digital will explore whether additional functionality can be added to v45 of the QOF business rules to ensure that the two invitation Personal Care Adjustment (PCA) will only come into force at the end of the reporting period, ie 31 March.

As we move towards QOF Achievement Day on 31 March 2020, please check your QOF Achievement on the Calculating Quality Reporting Service (CQRS) regularly, to ensure that it mirrors your achievement on your own clinical system. Last year there were number of local challenges when the information extracted to populate QOF on CQRS did not align with the information on practices clinical systems, causing considerable anxiety and work to correct.

CQRS should now have the capitation information for 1 January 2020 on which the population weighting is based. Please check that it is accurate or very close to your capitation figures for 1 January.

The other area to check carefully is the number of patients you have on each of your disease registers. Please ensure that your disease registers are accurate. This may be an issue for practices who have changed clinical system supplier in the past 12 months.

If you have any concerns about QOF Achievement for 2019/20 please email: primarycare.kernow@nhs.net

TIA coding error

NHS Digital has emailed GP practices about an error with the Seasonal Flu 2019/20 extraction where the codes for patients in under-65 at-risk groups with TIA were inadvertently removed from the business rules. This means these patients are not being included in the payment extraction despite vaccines having been given and coded appropriately.

It is anticipated that the number of missed payments will be low, as it is likely most people will have other risk factors that are captured by the current business rules. There will be a single collection in April 2020 for payment in 2020/21. Practices will need to accept the service offer (as for any other service), when it is made available on the Calculating Quality Reporting Service (CQRS).

Practices are also encouraged to double-check that all patients under 65 with TIA have been offered the flu vaccine this season.

Emergency treatment under the Road Traffic Act

Under the Road Traffic Act 1988, the first doctor to provide emergency treatment to the victim of a road traffic accident is generally entitled to charge a fee. Read more here.

Coronavirus guidance for primary care

Public Health England (PHE) has published guidance for primary care to reduce the risk of spread of infection during and following consultation with a suspected case of the Coronavirus (WN-CoV). The main principles are:

- identify potential cases as soon as possible.
- prevent potential transmission of infection to other patients and staff.
- avoid direct physical contact, including physical examination, and exposures to respiratory secretions.
- isolate the patient, obtain specialist advice and determine if the patient is at risk of WN-CoV infection, and inform the local Health Protection Team (HPT).

All PHE's coronavirus guidance is available here.

Practice Manager Salary Survey results

The results of the national annual Practice Manager Salary Survey – which received more than 750 responses from cross the UK – are now available. The average PM salary was £42,602.91 in 2019. Read more here.

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 new 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.

Produced by Kernow Local Medical Committee. Copy submissions for the March 2020 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by Monday, 24 February, please.

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