



July 2020 Edition



The new norm

**Editorial by Emma Ridgewell-Howard
Chief Executive at Kernow Local Medical Committee**

The new norm. Already a phrase that generates Marmitesque reactions – embraced as a very laudable attempt to describe and hold the latest uncertainties at work and home, or rejected as the worst sort of two word sound bite that does not even begin to articulate them effectively.

Truth be told (another cliché, and a personal favourite), you deal with it. General Practice deals with it. Ever resourceful, energised to transform in a crisis and yet sometimes last to notice that your candle is burning at both ends, you continue to deal with it. Many of you will have resorted to your own tried and tested methods for doing so – but if those are not quite working as well as you had hoped, or you would like some additional support then please get in touch with our pastoral support service. Whether a GP or indeed any other member of the practice team who is running near – or on – empty, we can be available to help. There is a link to access confidential support [here](#).

Speaking of support, you may remember that I am the named Freedom to Speak Up Guardian for many of your Practices and am very happy to perform that role for your staff team. As we extend our services for you at Kernow LMC, this is one area which we are going to focus upon, with a modest and vital expansion in the team so that you have opportunities to make contact with a few of us in confidence, where the need arises. Some further news about this will follow, to include some information for you to share with your team so they understand the very simple communication channels they can access, where they are in need of that. In the meantime, if you have not revisited your policies about this important area for a while and feel that it would be helpful to use the LMC's service, please get in touch and we shall be very happy to include you within the group of surgeries we are happy to support in this way.

Although a relatively rare occurrence, there may be occasions where you are asked to appear at an inquest. This can be an unfamiliar arena for many and creates stresses as a result. The LMC is able to support you in very practical ways: we have co-authored with Mr Andrew Cox, Acting Coroner for the county, a helpful guide to what you might expect and how you might prepare for such a situation. You can find that [here](#). In addition, I am certainly happy to provide non-legal support for any clinical colleague who finds themselves in useful need of that. If you would welcome support then please do get in touch with me, in confidence at emma@kernowlmc.co.uk



So, to the quick-fire round.

a. Causes of death list. Sad, but necessary. HM Acting Coroner for Kernow has shared the latest Royal College of Pathologists (RCP) list and the link is [here](#). It is comprehensive and helpful.

b. Payments to general practice during Covid-19, for enhanced services commissioned by Cornwall Council. This is proving challenging. The LMC has invited the Council to make payments on the same basis as is currently agreed by NHS Kernow, so that payments are maintained at a minimum of historic activity for your Practice. Unfortunately, the Council has been unable to accept that as an appropriate way to collaborate and has suggested that a Supplier Relief payment may be available if any Practice feels they need this. We have expressed disappointment and agreed to meet with Council colleagues as soon as possible this month, to see if there is any prospect of a more positive outcome for everyone concerned. We appreciate that this unresolved issue continues to cause concern and financial distress for many of you and we are committed to working through this on your behalf. We will let you have more news as soon as we can – and thank you for your patience.

c. GP registrars. For any registrar due to start training in August, NHS England and NHS Improvement (NHSEI) has formally announced that agreement with Health Education England (HEE) has been reached, so they are exempt from the requirement to be included in the England Medical performers List. This is a temporary measure. Further information can be found [here](#).

d. Covid-19 costs claims – we understand that there remain a significant minority of Practices which have yet to claim for the costs of opening during the Bank Holiday periods in April and May. Please do make sure that you submit invoices to our colleagues at NHS Kernow, to ensure that you are paid for this work.

That is more than enough from me. Except to thank you all for continuing to raise your concerns, sharing your intelligence and keeping us wonderfully busy at the LMC, which is exactly as it should be – business as usual, in fact.

Annual England LMC Conference – request for motions

The views of local GPs can help to shape future national policy in general practice and you are encouraged to submit motions for potential debate at this year's Annual England LMC Conference. Even themes to raise would be helpful.

Please do this by emailing them to the LMC at angela@kernowlmc.co.uk for consideration by Monday, 7 September and also flag any issues or concerns to your allocated LMC representative – their details are available on our website [here](#). The LMC must submit final motions by noon on 18 September, 2020.

A delegation from the LMC will represent the views of local general practice at the event on 27 November, 2020. It is vital that your voices are heard so we encourage you to get in touch.

CQC to restart routine inspections of lower-risk GP practices

The General Practitioners' Committee (GPC) and the Royal College of General Practitioners (RCGP) have said it is inappropriate for the Care Quality Commission (CQC) to restart routine inspections of lower-risk GP practices from this autumn against the backdrop of the Coronavirus pandemic.

The GPC has written to the CQC requesting that routine inspections are deferred for at least another 12 months. The GPC has warned that GPs need healing time following the pandemic and warned that the reinstatement of inspections at this time could lead to widespread burnout and early retirement among GPs. The reduction in bureaucracy since the start of lockdown had given practices the space to innovate and dedicate more time to patients. Following the CQC's announcement, GPC chair Dr Richard Vautrey said: "The GPC has long-called for an overhaul of inspection processes – and now is the precise time for that as we all reflect on learning from the Covid-19 crisis."

Professor Martin Marshall, Chair of the RCGP, said: "The Covid-19 pandemic has been challenging for GPs and patients, but there are also lessons to be learnt from how we have changed the way we work in general practice. We have demonstrated that GPs and our teams can be trusted to deliver high-quality, safe patient care, without having to tick as many boxes to prove it. The reduction in regulatory burden since the start of lockdown has freed up our time to deliver safe patient care – and it has made many GPs report that the job has become 'doable' again.

We recognise that there is a place for regulation, particularly to identify practices that are struggling and need support to deliver safe patient care. But with more than 95% of practices rated good or outstanding, the College would advocate a shift away from a pre-pandemic inspection process that many GPs found arduous, stressful and diverted attention away from patient care.

We would like to see policy makers trust GPs and our teams to do our best for patients – and give us the time to do so – by replacing a focus on tick box accountability with one of trust and proportionality. The College will be publishing recommendations around how the regulatory burden on GPs can be reduced while maintaining patient safety in coming weeks."

Pre-op isolation note for the patient and whole family

The LMC is aware that some local practices have been contacted by patients requesting a sick note or letter for the whole family to self-isolate for 14 days before their scheduled operation.

This is not a GP's responsibility. They cannot provide a Med 3 if the patient is well but just waiting on the operation. If the employer will not accept the letter/appointment from the hospital as evidence then that is not an issue for GPs to solve.

Practices may wish to display the LMC's [template letter](#) to employers on their websites for patients to download and print, to reduce and manage enquiries about this matter.

Fit to fly requests

The LMC is aware that some patients are contacting their GP to request a 'fit to fly' certificate during the Coronavirus pandemic. Advice from the General Practitioners' Committee (GPC) is that GPs should not be completing these forms for a number of reasons:

1. They have nothing to do with care of the sick at a time of scarce clinical capacity.
2. GPs cannot make such a statement without seeing the person face to face to establish no cough and no pyrexia.
3. Even satisfying (2) the GP has no way of knowing if the person has been in contact with a suspected case (and should therefore be self-isolating for 14 days).

We would strongly advise that you decline these requests.

Letter of exemption: wearing face masks in public settings

Following the release of Government guidance about wearing face masks in various public settings, GP practices are reporting an increase in requests from patients for letters of exemption. The [Government guidance on exemptions](#) suggests there is no requirement for evidence of exemption, therefore it should be sufficient for an individual to self-declare this. The LMC can confirm that GP practices are not required to provide letters of support for those who fall under the list of exemptions.

Holiday season and temporary registration

A patient may register as a temporary resident (TR) if they are resident in the practice area for more than 24 hours, but less than three months. However, the introduction of total triage and the widespread increase in remote consultations by practices means that registering as a TR may no longer be necessary, or provide the most appropriate access to care.

Kernow LMC is suggesting that practices signpost visitors to request a remote consultation with their usual practice as a first port of call. It should be noted that this does not remove a practice's contractual obligation to register TRs if they are on their patch and need care that the registered GP cannot provide. If medication is required whilst the patient is away from home most prescribing systems allow a prescription to be electronically sent to a pharmacy, but not a practice dispensary.

BMA risk assessment guidance for practices

The British Medical Association (BMA) has updated its [guidance on risk assessments](#) to include two new sections for GP practices. The first section looks at the implications of risk assessments for practices – specifically what impact the adjustments required for high risk staff could have on practices, staff and patients. The mitigation that practices would need to do could include working from home or removal from areas that are considered hazardous, which could lead to a reduction in workforce and in activities that could affect patient safety, or an increased use of locum support and procurement of personal protective equipment (PPE), at a significant cost. This section also covers a number of suggestions of what commissioners can do to support negatively impacted practices. The second section sets out the risk assessment tools that are available to practices to use.



CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

Staff registration for antibody testing

The General Practitioners' Committee (GPC) continues to be clear that it is wholly inappropriate to use the temporary resident mechanism to offer antibody testing for staff and that to do this may be in breach of the GMS regulations unless the staff member has a temporary address on the patch.

NHS England and NHS Improvement (NHSEI) agree that this is outwith the regulations and not practical for practices or their staff. Antibody testing for those working in general practice is not mandatory. There is no current funding mechanism available to undertake these tests within general practice and they are being provided elsewhere in the system. That said, if you wish to carry out these tests for your staff group gratis, NHSEI have confirmed that where you are not covered for this activity under your existing indemnity/insurance arrangements, the Clinical Negligence Scheme for Coronavirus (CNSC) will provide clinical negligence indemnity cover. This cover is for primary care staff who take blood samples from any NHS primary care contractor's staff, including colleagues, or other NHS employees for the purpose of a Covid-19 antibody test. A FAQ covering this topic is also published on the [CNSC FAQ pages](#) of NHS Resolution's website.

Implications for life insurance following antigen and antibody tests

The British Medical Association (BMA) has published guidance for doctors on life insurance and income protection during the pandemic.

This follows a number of doctors raising concerns about the impact of Covid-19 on their application and how insurers are taking into account the results of antibody and antigen tests for the virus and after reports about doctors having their applications for insurance policies deferred as a result of Covid-19. Read the guidance [here](#).

Calculating the impact of online and phone consultations on GP workload

A new calculator allows you to model the impact of online first, telephone first or video first approaches on GP workload.

The calculator is part of a new [paper](#) by the University of Bristol which concludes that a reduction in workload should not be assumed using remote consulting and that it could instead lead to an increase in GP workload over time. More information about the calculator, and how to access it, is available [here](#).

Information governance guidance updated for Covid-19

NHSX has published [information governance guidance](#) on the safe use of mobile devices alongside information and examples around how data is supporting the Covid-19 response. There are a wide range of resources available including [advice](#) and [frequently asked questions](#) for people working in [health and care](#) organisations.



Appraisal update

The [General Medical Council \(GMC\) has moved forward revalidation dates](#) for those due to revalidate between 1 October 2020 and 16 March 2021, for one year, due to Covid-19.

NHS England and NHS Improvement (NHSEI) have also confirmed that whilst appraisals remain on hold, the future of appraisals is still being discussed whilst they await the national decision confirming the date for recommencement of appraisals.

The General Practitioners' Committee (GPC) continue to engage with the Responsible Officer network to agree a revised format for appraisal that will be more formative and supportive.

Single Electronic Referral Form (SERF) – Word version

The LMC has developed a Word version of the Single Electronic Referral Form (SERF) as an option that can be populated in clinical systems at GP practice level by those who would find it useful, pending an IT solution to the self-population option that Cornwall Partnership NHS Foundation Trust (CFT) is working up. Download the form [here](#).

PCN workforce plans

The LMC reminds local Primary Care Networks (PCNs) that there is a requirement under the Network Contract DES for them to complete the agreed national workforce planning template covering plans for 2020/21 and indicative intentions through to 2023/24. The first part of this must be submitted by 31 August 2020, the latter by 31 October 2020.

Annual Practice Staff Survey

Local practice managers are reminded that the national annual Staff Salary Survey – which considers staffing levels and pay – is currently 'live'.

It is a valuable tool for practice managers assessing their own practice rates and staffing needs. The survey – run by First Practice Management – is available for practice managers to complete [here](#). Respondents' data will remain private and confidential.

Nurse registration and insurance

The LMC is aware of cases around the country where vagueness over the definition of a nurse's job title and role – linked to capabilities and competencies – has caused issues for GP practices over payback of wages and incorrect insurance cover. For example, the advanced nurse practitioner (ANP) qualification is not a specific registered qualification with the Nursing and Midwifery Council (NMC) and this situation is unlikely to change for some time.

Local practice managers with any concerns are advised to refer to Health Education England's (HEE) definition of advanced practice [here](#). It is anticipated that anyone who calls themselves an advance practitioner (ACP) should have a Masters qualification or be working towards this. In 2019 a [capability and competency framework](#) was developed which outlines what to expect of a person working in an advanced role.

The Royal College of Nursing (RCN) recognises that advanced practice requirements may exclude many nurses who currently adopt the title ANP/NP but are unable to meet the



requirements of the credential. They have created pathways (models) to enable these nurses to demonstrate their expertise and equivalencies for the criteria, or to acquire the additional skills and knowledge required. The transition pathways will be time-limited and will finish in December 2020.

Those nurses achieving the credential through the transitional pathway will NOT be required to achieve a full Master's Degree following cessation of the transitional arrangements in December 2020, as they will be deemed to have already met the criteria for the credential. However, from January 2021, only full Master's awards will be acceptable, as is already mandated in Northern Ireland, Scotland and Wales and is an international standard. To assist those wishing to undertake credentialing before the December deadline the Training Hub have agreed to part-fund up to 10 places for those working in primary care to the value of £150 – this will be on a first come first served basis and will require proof of completion.

Please contact pauljeffrey@nhs.net to register your interest for one of the 10 places.

LMC database cleanse

As a membership organisation the LMC currently holds contact details for local GPs and practice managers – or equivalent – so they can elect LMC members, receive our communications, details of our events and important information we gather which has a direct impact on them.

We want to ensure that our contacts' database is accurate, so that our communications are received by the right people in a timely manner.

We would be grateful if you could provide the work email contact details of all your GPs – including partners, salaried and sessional – along with those for practice managers, or equivalent. Could we please have your submission by noon on Friday, 17 July, via email to: admin@kernowlmc.co.uk

The information will be used for LMC communications and won't be shared with any third parties, unless written permission has been given.

If any GPs or practice managers – or equivalent – no longer wish to receive our communications or be retained on our database, please notify us at admin@kernowlmc.co.uk by noon on Friday, 17 July and we will remove the details from our records.

We look forward to hearing from you and if you have any queries please contact us.



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

What is Cornwall Primary and Community Care Training Hub and how can we support you?

By Laura Wheeler, Head of Organisation Development and Workforce, at Kernow Health CIC

Training hubs, formerly known as Community Education Provider Networks (CEPN), have a national workforce planning and development remit for primary care, and work across a Sustainability and Transformation Partnership (STP) area, bringing together NHS organisations, community providers and local authorities to support collaboration.

The Cornwall Training Hub is hosted and delivered in partnership with Kernow Health CIC and works across the health and care system in Cornwall on a range of workforce development programmes, providing at scale support and development to primary care. It is accountable to Health Education England (HEE), NHS England and NHS Improvement (NHSEI) along with the other stakeholders which commission services from it, including all GP practices across Cornwall.

Services have been developed in Cornwall to support general practice and wider primary care around recruitment, retention, education and training for multi-disciplinary teams.

Services and support we provide:

Attract and recruit	Develop and upskill	Support and retain
Recruitment support	Education programme	Retention support
Apprenticeships	Networking and collaboration	initiatives
Work experience and placements	Supporting GPs in Cornwall	Coaching and mentoring
Fellowships and new to practice	Clinical supervision and assessing support	Early career GP support
New roles in primary care		Portfolio working 'Choice Plus'
Introduction to Cornwall		Leadership development
		General practice staff bank

For more information on each of the above sections please see our updated website www.kernowhealthcic.org.uk

Projects and programs we work on:

In addition to the above services, we get involved in multiple workforce development projects or programs which are often cross system, examples are:

- Career frameworks in general practice
- System pharmacy program
- Advance clinical practice
- Care home internship
- Upskilling nursing home staff
- Public Health collaborative projects including Exercise for the over 65s; Self management of long-term conditions; Physical activity and falls prevention.

If you would like to talk through your needs or have ideas where we can help:

Please contact us at kernowhealthcic.workforce@nhs.net for more information, or to speak to the team about how we can help your practice or career.

Please see a helpful animation that has been created by HEE to explain what Training Hubs are and how they benefit you: <https://youtu.be/exlqjiBmouo>

New Kernow Health CIC website

Kernow Health CIC's new website went live in early July. Working with Truro based design agency Vitamin Cornwall, Kernow Health have given their site an up to date and fresh look, incorporating some of the latest website features to allow an easy user experience.

The site brings together all arms of Kernow Health into one website, including the Digital E-Health Testbed, Cornwall Primary Care Training Hub and information about Cornwall NHS 111.

As well as an attractive new home page, there is an upgraded course booking system, which will allow practice teams to easily filter and book courses and access e-learning according to their development need.

As before, GP practices are also able to submit their own job vacancies onto Kernow Health's website, but with an easier platform to use. Potential employees will be able to make use of the sophisticated search button for vacancies – an additional function added. If the job alone isn't enough to attract an applicant then there is also a detailed and handy guide to all that is great about working in the UK's most picturesque county, with the 'Living and Working in Cornwall' section sure to entice new recruits to our healthcare system.

Take a look at the new site at: <https://www.kernowhealthcic.org.uk/>.

SSU providers sought for Improving Health Care Module

By Dr Ed Schwarz, Lead for the Improving Health Special Study Unit at Exeter Medical School, Truro, and a GP at Rosmellyn Surgery, Penzance

Exeter Medical School is looking to recruit providers to host Year Three medical students over three one-week blocks throughout the academic year 2020/21. This is in addition to the normal student placements.

The purpose of the module is to increase awareness of workload volume, time pressure and financial constraints which form the context in which clinical practice occurs. To this end, students will be tasked with compiling a business case for a health care improvement from within the provider context.

The business case could be for the introduction or change of a clinical intervention; a 'process' change with the aim of increasing overall efficiency/outcomes in patient care, or anything else relevant to the practitioner context.



Financial reimbursement is available.

If you have an idea for your practice/Primary Care Network (PCN), but lack the time and manpower to pull it together, this may be an opportunity to scope your proposal by steering a student to deliver a workable initial business case.

If this interests you and would like more information please email:

edward.schwarz@nhs.net

Public guidance on attending vaccination appointments

It has been nationally recognised that people may require some additional reassurance to attend their vaccination appointment(s).

NHS England and NHS Improvement's (NHSEI) South West Public Health Team have produced some text that you may find useful to inform patients on what they can expect when attending a vaccination appointment. Please use and tailor the text as you see fit. You can download it from the LMC's website – you need to be registered – [here](#).

Latest NHS Kernow Highlight Reports

The latest NHS Kernow Highlight Reports – which provide a fortnightly round-up of key developments, successes, challenges and future plans in local general practice – are now available [here](#).

Launch of the New to Partnership Payment Scheme

The [New to Partnership Payment Scheme](#) launched on 1 July and applies to all new clinical partners from 1 April, 2020. The overarching aim of the scheme is to grow the number of partners – and individuals with equivalent status – working in primary care, stabilising the partnership model and helping to increase clinicians' participation levels so that primary medical care and the patients it serves have access to the workforce they need.

The scheme gives eligible participants a sum of up to £20,000 plus a contribution towards on-costs of up to £4,000 (for a full time participant) available to support establishment as a partner, as well as up to £3,000 in a training fund to develop non-clinical partnership skills. In order to participate in the scheme, applicants will be required to ensure that they submit an application form and supplementary evidence to NHS England and NHS Improvement (NHSEI) and meet the eligibility criteria.

One of the tricky aspects of the scheme is about structuring the payment correctly. The General Practitioners' Committee (GPC) say this was the reason practice managers could not be included, owing to potential penalties under final pay controls to the practice. The payment is now structured so that it is not superannuable and that way the GPC can circumvent the issue with Financial Policy Committee (FPC). This will mean that the GPC can now explore how to include practice managers in the scheme. At present, this applies to registered clinicians only.



Pensions guidance and update

The British Medical Association (BMA) has updated its guidance for [GPs about the annual allowance](#), following extensive lobbying, resulting in two important changes that affect the 2019/20 and subsequent tax years.

As an emergency measure for 2019/20, NHS England and the Welsh Government made a commitment to pay the annual allowance tax charges in full for eligible clinicians in the England and Wales NHS pension schemes. Doctors who were subject to an annual allowance tax charge should use the option of the 'scheme pays' regulations to pay the tax due for 2019/20. From 2020/21 onwards the reduced Tapered Annual Allowance will only affect those with adjusted income of £240,000 and over. Read the full guidance [here](#).

The BMA has also won a court appeal against the Government's controversial changes to pensions rules introduced in April 2019, granting the Secretary of State for Health and Social Care the power to suspend pension payments to a doctors or NHS professionals charged with certain criminal offences, but not yet convicted.

Burnout in health professionals

Red Whale has produced a new briefing about burnout in health professionals – including recognising the signs and symptoms and managing it. Read more [here](#).

GP funding and contracts explained

The King's Fund has released a new explainer setting out how GP practices are contracted and paid in England, looking at the services they deliver and the different streams of funding they receive. It may be useful as part of the induction for new members of the wider GP practice team. 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: www.kernowlmc.co.uk/jobs/current-vacancies/ 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



CONNECT

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Produced by Kernow Local Medical Committee. Copy submissions for the August 2020 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by Wednesday, 22 July, please.

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