



September 2020 Edition



Flu update for 2020/2021: (hopefully) what you might like to know, all in one place

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

One stop shop: we have a new Flu section on our LMC website. The link is [here](#).

And here are some highlights:

- Children's vaccines now available to order via ImmForm
- CQC: registration arrangements if vaccinating away from your usual registered site, can be found [here](#). Mark Dunford is our local registration inspector. If you need help with this, please let us know
- Drive Through/mass vaccination venues: The Integrated Care System (ICS) is supporting this and we will receive updates as soon as available. Whitney Curry is leading for Cornwall Council (Whitney.Curry@cornwall.gov.uk) and Lisa Johnson on behalf of the CCG (lisa.johnson23@nhs.net)
- Medical students and vaccinations: if you have medical students at your Practice, they should receive their vaccination via their student health service, and not through your Practice.
- Payment: £10.06 per item of service. Sign up via CQRS at individual Practice level as it is not capable of working through reliable payment method at Primary Care Network (PCN) level. Safer to sign up as a Practice and then reallocate funds received according to your own PCN arrangement (eg if your plans include vaccinating as a PCN/via Drive Through arrangements)
- PGD: authorised and ready to use. Read more [here](#).
- Pharmacy vaccinations:

Data flow: The British Medical Association (BMA) has advised us that vaccination data will now flow between Pharmacies and GPs using clinical systems TPP and EMIS. Microtest and Vision do not yet have that functionality, but it is being explored

Contract: Read more [here](#).



- Personal protective equipment (PPE): the [guidance](#) has been published. Hand hygiene and sessional face mask. Order supplies through the portal.
- Quality Outcomes Framework (QoF): the points for flu have doubled for this year
- READ Codes: the business rules for 20/21 are not expected to publish until later in September. Not ideal and we are pressing on this, via the General Practitioners' Committee (GPC). However, most of the coding is likely to remain the same. Read more [here](#).
- Staff vaccination: there is a [written instruction](#) to allow this, clinically. There is also indemnity cover to allow it, legally. It took a tussle or three, but GPC succeeded in obtaining agreement from all three MDOs, that they will indemnify this occupational health activity, as it is not within the state-backed indemnity arrangements because not part of core services. We recommend you notify your MDO of your plan to vaccinate staff, ahead of doing so. Then you have a helpful audit trail – just in case ...
- Training for staff undertaking vaccinations. This e-learning can be accessed [here](#).
- Vaccine orders: once your vaccine supply runs out, you are able to access the nationally-sourced supply. Likely to be via the PPE portal but further details awaited.

Peer Improvement Tips for Care and Health (PITCH)

By Gill Dinnis, Senior Patient Safety and Quality Manager, at NHS Kernow

Peer Improvement Tips for Care and Health (PITCH) is an electronic form that enables GP practices to raise concerns, celebrate good practice and share learning from Significant Events Audits (SEA).

We now also receive events from other providers such as Royal Cornwall Hospital Trust (RCHT) and Cornwall Partnership NHS Foundation Trust (CFT) about GP practices and we follow the same PITCH process.

Our aim is to use PITCH to offer system-wide cross organisational learning. When a PITCH is raised these steps are followed:

- Identify a proportionate, yet effective way, to respond to each event. This will include whether a serious incident investigation is required.
- Contact the reporter should we require further information. However, due to the Data Protection Act 2018 (GDPR) if patient identifiable information is required to enable the review to take place, this information should only be shared between the providers that are aligned to the event that has been raised. NHS Kernow should not request, or hold, patient identifiable information and due to the strengthened governance process within the provider organisation we have been able to review and amend the process to reflect this.
- When we have received the necessary information we will forward your completed PITCH form to the relevant people/providers and we will include your email address to enable discussion and what has been learnt to be shared directly to you.

As of 20 August, 2020, a total of 225 submissions had been raised through the PITCH process.

- 30 submissions were received in June
- 45 submissions were received in July

From September we are committed to providing, on a monthly basis, a themed account of learning and changes that have been implemented – this will be provided directly from the provider organisations. Events relating to workload shift and transfer of patients' care from one service to another remain a recurrent theme and we have asked that the provider organisations provide an update on learning and actions.

September's focus will be South Western Ambulance Service NHS Foundation Trust's (SWAST) services and will also include learning from serious incidents.

Radiology sedation rebuttal letter

The LMC has produced a rebuttal letter for GPs setting out reasons for declining to prescribe low dose sedating medication prior to hospital imaging. It is the LMC's view that these prescriptions sit within the remit of secondary care, but clearly the final decision rests with individual clinicians. If you feel you are being put under pressure feel free to use this template letter. Download it [here](#).

CAMHS survey for GPs

Dr Beth Chapman and Dr Laura Flaherty, Locum consultants in CAMHS

We would like to gather views from GPs on Cornwall's Child and Adolescent Mental Health Services (CAMHS). This is an opportunity for GPs to tell us what they think.

We would like to know your views on the referral pathway into CAMHS, the support given to children and young people with mental illness and how this is communicated to you.

We anticipate the survey will take less than five minutes to complete and would greatly value your support with this. The survey is available [here](#).

Examination of vulnerable people for safeguarding purposes

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

When potential safeguarding issues arise during a consultation it is entirely appropriate for the GP to undertake a thorough background history and clinical examination, including a general check over for potential injuries. I believe that GPs in Cornwall currently take their safeguarding responsibilities very seriously and that these checks are undertaken to a high standard, including also by paramedics and nurse practitioners working in a GP practice.

There may be occasions when a health visitor, midwife or school nurse asks the clinician for an opinion on a possible injury – for example, a skin lesion that might be a bruise. I know that GPs are happy to support these colleagues and it is entirely appropriate to support these requests when they are passed on with a professional handover. The clinical opinion of a GP on the nature of a skin lesion or bruise is useful and appropriate.

However, the professional handover may identify other safeguarding concerns that suggest a Paediatric referral is more appropriate. Or, after examining the vulnerable person, the GP may feel that a formal safeguarding referral is required – it may be good practice to agree at the handover who will be responsible for that referral if it is later felt to be necessary. It is



not helpful or appropriate for these vulnerable people to be referred to GP practices without a professional handover.

Occasionally, GPs may be asked (for example by a social worker or Paediatrician) to examine a vulnerable person as part of a more formal safeguarding process. I would advise that these requests are handled with extreme caution. In these situations it is often a Paediatric (community or hospital Paediatrician) opinion that is being requested, including possible clinical photographs or radiological investigations. The request can usually be politely declined. A professional handover will usually clarify the issues at hand.

I am very happy to support clinicians and practices who have issues or concerns arising from this.

Local guidance on bruising or injuries in non-mobile children is available [here](#).

GP Cancer Briefing

The latest GP Cancer Briefing for Kernow from Peninsula Cancer Alliance is now available and includes updates on early diagnosis and links between cancer outcomes and deprivation. Read more [here](#).

Virtual Well-being Sessions for Practice Managers

The LMC has arranged two dates to run Virtual Well-being Sessions for Practice Managers. Sheela Hobden, from Blue Green Coaching, will lead them and comments from attendees that have taken part in these sessions elsewhere in the country have been very positive and the attendees felt that it was helpful to take some time out for themselves.

So, with that in mind, we have two dates – Thursday, 8 October, 2020 and Wednesday, 9 December, 2020. They will both run from 11am until 12.30pm and cost £35 per delegate. For more details and booking forms please email nicky@kernowlmc.co.uk

Covid-19 expenses

Local GP practices are reminded that the arrangement for Covid-19 claims made to NHS Kernow changes from the end of September.

NHS Kernow advises that GP practices check that they are up to date as soon as possible, ie check in early September that they have made all their claims for eligible spend up to August, meaning that they would then have only September to claim for.

NHS Kernow's monthly closedown processes and reporting to NHS England (NHSE) are very quick after the month end and they require the September claims very early in October.

The email address to send claims remains the same as present:

primarycare.kernow@nhs.net

Covid-19 fund for GP practices now available

The long delayed Covid-19 fund for GP practices has been released – after months of lobbying the Government and NHS England and NHS Improvement (NHSEI) by the General Practitioners' Committee (GPC).



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The GPC say commissioners must act swiftly to provide GP surgeries with this funding and guarantees are required that they will continue to receive support and resources as we move into the latest phase of the pandemic.

The GPC continues to lobby the Government to urgently give GP practices more details on how they will be reimbursed for the extra personal protective equipment (PPE) they had to acquire when national supplies fell far short of what was needed. More information about the Covid-19 fund is available [here](#).

Covid-19 response – supplementary materials for third phase implementation

NHS England and NHS Improvement (NHSEI) have published a range of [supplementary materials](#) to support implementation of the third phase of the NHS response to Covid-19.

Reviewing children and young people on the shielded patients list

Most children and young people considered clinically extremely vulnerable can be removed from the [shielded patients list](#) following consultation with their specialist clinician or GP. In line with [guidance](#) from the Royal College of Paediatrics and Child Health (RCPCH), this should take place before the new school year in early September, but so far numbers on the list have not fallen significantly.

Infection prevention and control guidance

Public Health England (PHE) has now published [Guidance for the remobilisation of services within health and care settings](#) which sets out infection prevention and control recommendations.

It re-emphasises that, where possible, services should continue to use virtual consultations and classifies general practice physical consultations as medium risk. Personal protective equipment (PPE) should therefore continue to be worn for all face-to-face contacts.

The guidance advises that for vaccination clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter is not necessary and staff administering vaccinations must apply hand hygiene between patients and wear a sessional facemask. More guidance relating specifically to the flu campaign will be issued shortly.

Bulletin from the Community Infection Prevention and Control Team for General Practice

The latest Bulletin from the Community Infection Prevention and Control Team for General Practice focuses on Covid-19 advice on fogging and temperature screening. Read more [here](#).

Section 88 of the Road Traffic Act 1988

During Covid-19 many drivers licences have expired and the DVLA gave extensions so that they could continue to drive and work. For many drivers though this extension is coming to an end. Drivers are now being told by the DVLA to ask their GP if they are “fit to drive” so

that they can continue to drive under Section 88 of the Road Traffic Act 1988 (RTA 1988). The DVLA has produced a [leaflet which explains RTA 1988](#).

Most GPs are not confident to advise patients whether or not they are fit to drive and in normal circumstances they would provide a factual report for DVLA so that their expert medical advisers can decide upon fitness. If GPs provide an opinion that someone is fit, and then an accident occurs, are they liable? If GPs say a patient is not fit, then this can adversely affect their long term relationship with that patient. For these reasons, if you have any doubt about whether a person is fit to drive, you should decline to provide this assurance, and should write to DVLA explaining that you cannot give an opinion, but offering to provide factual information about a person's health.

Practices could have an explanatory note on their websites or noticeboards, so that patients are forewarned that this is your policy.

PCNs warned unspent additional roles funding may 'be lost to general practice'

NHS England and NHS Improvement (NHSEI) has warned Primary Care Networks (PCNs) that they may lose any funding they do not spend on recruiting additional roles this year.

In a recent [letter](#) to practices and networks, NHSEI said that commissioners must support all their PCNs to 'use their allocation of funding' so that it is not 'lost to general practice'. Read more [here](#).

Clinical Directors who need support in relation to this matter should contact the LMC.

GMS and PMS regulations changes from October 2020

The amendments to GMS and PMS regulations in England to commence from October have now been laid before Parliament and [published](#). These mainly bring into force elements of the GP contract agreement from earlier this year. The amendments include:

- Requirement for monthly data submissions to the NHS Digital Workforce Collection
- Requirement to participate in the existing GP appointments data collection
- Requirement for practices to ensure patient registration data is regularly update
- Removal of patients who move outside of the practice catchment area: the practice is responsible for the patient's care for up to 30 days (unless and until the patient registers at another practice) but is not responsible for home visits or out of hours services during that period.
- A modification to make sure that patients who have previously been removed from a practice list and been put onto a violent patient scheme cannot be permanently refused readmission to a practice list if they have been correctly discharged from that scheme.
- Patient assignment to any practice within the patient's local clinical commissioning group (CCG), rather than within the practice area.
- Patient assignment as part of a list dispersal
- An exemption to the ban on subcontracting a subcontract in order to allow PCNs greater flexibility to deliver the DES

- Final cancellation of Care Quality Commission (CQC) registration is a ground for termination of a GMS contract.

Estates planning support and guidance

The GP Contract makes reference to ensuring sufficient space is available for additional staff employed under the Additional Roles Reimbursement Scheme (ARRS) in terms of estates. A number of documents offering advice and guidance to Primary Care Networks (PCNs), constituent practices and commissioners in receipt of applications for additional funding to accommodate additional staff are available on [FutureNHS](#) (login required).

NHS Property Services legal action

The British Medical Association (BMA) is supporting five GP practices who have started court proceedings against NHS Property Services (NHSPS) to clarify the basis on which NHSPS calculates service charges.

Since 2016, many practices have received increasingly costly service charge demands from NHSPS. In defence of these expensive non-reimbursable charges, NHSPS had argued that it was moving to a 'full cost' approach to the recovery of charges via a 'consolidated charging policy'. The BMA position was – and continues to be – that the consolidated charging policy cannot be unilaterally incorporated into the terms of individual practices' tenancy agreements.

NHSPS has filed defences and counterclaims in each of those claims. Within the five defences, NHSPS has finally conceded that the consolidated charging policy has not varied the existing leases and that the service charges are not due pursuant to the policy.

Supported by the BMA, the test claimants are now applying to the High Court to ask that it upholds their claims against NHSPS and issues declaration that the 'consolidated charging policy' does not form part of their tenancy.

Although such judgments would not automatically bind any GP practices beyond the five test claimants, they will be highly persuasive evidence that other GP practices in similar circumstances can rely upon when facing disputed demands from their landlord.

You can read more about the case and the BMA's position a [letter](#) to practices.

GP appraisal restart

The General Practitioners' Committee (GPC) has been in discussions with NHS England and NHS Improvement (NHSEI) in recent weeks about a planned restart of appraisals in general practice. While full details are yet to be officially published, the GPC has been encouraged by the positive approach to a redesigned appraisal process focusing on a formative doctor-centred approach. The GPC welcome the significant simplification of appraisal requirements and the reduction in the volume of evidence and paperwork expected. This will be a step forward in empowering doctors to use their appraisal to reflect on their professional development and is part of the wider British Medical Association (BMA) strategy of



bureaucracy reduction and its re-professionalisation agenda set out in its policy document ['Trust GPs to Lead'](#).

Full details of the new system and its requirements will be released officially by NHSEI shortly and the GPC will provide updates as these become available.

Registering patients prior to their release from the secure residential estate (detention)

GPs have a contractual obligation to support with registering patients prior to their release from the secure residential estate and are asked to ensure that processes are in place to support this.

[Plans](#) are also progressing to enable patients to register with a GP in their place of detention in the same way as they register with a community GP. This will be rolled out next year in a phased approach across England.

Cancer Research UK publish early diagnosis of cancer support guide

GPs play a pivotal role in diagnosing cancer earlier and supporting the NHS Long Term Plan ambition to diagnose 75% of cancers at stage 1 or 2 by 2028. Cancer Research UK has published new [guidance](#) to support GP practices and Primary Care Networks (PCNs) to deliver the Network DES service requirements for the early diagnosis of cancer.

This material should be viewed alongside the NHS England and NHS Improvement (NHSEI) guidance for delivery of the Early Cancer Diagnosis service.

Best practice in handling complaints and claims

Do your general practice staff know what to do if you receive a complaint or a claim? Take a look at NHS Resolution's new [video](#) which considers best practice in various situations including receiving a letter of complaint, a record request or a claim.

Mentor Scheme

The NHS England Mentor Scheme will enable systems and their Primary Care Networks (PCNs) to upskill their experienced GPs and provide a portfolio working opportunity. The vision is for systems to develop and access a cohort of locally based and highly experienced doctors to support their own more junior doctors.

GPs on the scheme will be provided with funded training, leading to a recognised mentoring qualification. Once trained, GP mentors will be reimbursed to conduct one session of mentoring every week. Read more [here](#).

NHSEI general practice fellowship guidance launched

NHS England and NHS Improvement (NHSEI) has launched new guidance supporting Integrated Care Systems (ICS) and Sustainability and Transformation Partnerships (STPs), Primary Care Networks (PCNs), training hubs and other local partners to understand and continue delivery of the [General Practice Fellowship programme](#), supporting newly-qualified GPs and nurses working in primary care.



Healthcare education and training tariff: 2020 to 2021

A new minimum tariff for undergraduate medical placements in general practice of £28,000 has been introduced.

This follows lobbying by the General Practitioners' Committee, the Royal College of General Practitioners (RCGP) and the Society for Academic Primary Care (SAPC).

Whilst this doesn't meet the true cost of training, it is a step in the right direction. It will address some of the inequities in funding for training and should result in a better training experience for medical students in general practice. Read more [here](#).

Apprenticeship funding

The Chancellor announced in July that GP practices will be given £2,000 for each new apprentice they hire under the age of 25. These payments will be in addition to the existing £1,000 payment for new 16-18 year-old apprentices, and those aged under 25 with an education, health and care plan (EHC). It is also now possible for practices to have up to 10 apprentices at any given time.

Aspiring medics sign up for virtual GP work experience during Covid-19 crisis

The Royal College of General Practitioners' (RCGP) free, virtual and interactive general practice work experience platform, launched during the Covid-19 pandemic, has received 10,000 registrations within its first three months.

The interactive [Observe GP video platform](#) is aimed at aspiring medics aged 16+ who wish to learn more about general practice. Initially developed by the RCGP to provide an innovative way for students to shadow the primary care team, the platform has given them an insight of what it's like to work in general practice from their homes while the country has been in lockdown.

Lobbying over pay

Dr Richard Vautrey, Chair of the General Practitioners' Committee (GPC), along with Dr Sarah Hallett, Chair of the British Medical Association (BMA) Junior Doctors Committee, have [written a letter](#) to Matt Hancock on the pay issue, expressing the hurt and disappointment which GP partners and junior doctors are feeling when they have contributed so much to the nation's health and wellbeing during this time of national crisis.

Dr Chaand Nagpaul, BMA Council Chair, is meeting shortly with Health Secretary Matt Hancock to also strongly make that case and to firmly outline the reality of the significant and vital contribution of GP partners and junior doctors during the Covid-19 crisis.

Read the BMA's full response to the Review Body on Doctors' and Dentists' Remuneration (DDRB) report [here](#).

Final pay controls

RSM, a provider of audit, tax and consulting services, has produced a [video on final pay controls](#) for the NHS pension scheme, which explains the charge, how it is calculated and what to do to avoid it. This is useful for GPs and practice managers to watch.

Taking care of the carers in your GP practice workforce

The Carers Trust has reported that there are around seven million carers in the UK – one in ten of the population. There is an increasing need for practice managers to understand how to help their GP practice staff who are in this situation.

The lack of a Carers Policy can leave both carers and practice managers in the dark regarding employee rights around their caring responsibilities. Read First Practice Management's advice on what employers can do to support carers [here](#).

New GP practice profiles on the NHS website

NHS Digital has updated the GP practice profiles on the NHS website – which features improved support for mobile and tablet devices.

Your practice's existing profile information will automatically be copied over to the new platform and the way you [update your profile](#) has not changed. Profile editors should have received further information from the [NHS website service desk](#). Use the NHS website [GP practice finder](#) to find and view your new profile.

Redacting GP records

In June, the General Practitioners' Committee (GPC) wrote to NHS England and NHS Improvement (NHSE/I) to raise concerns over the redaction of records and unintended consequences of any processes put in place to facilitate patient access to records. The letter sought reassurances that a) patients would not be able to view incoming correspondence before a GP has had the opportunity to review it and b) that the workload of GPs should not increase as a result of needing to review individual records and mark consultation notes for redaction. The GPC has now received a response outlining what measures have been put in place to mitigate these concerns. The GPC has also received reassurances that where practices feel granting access to patients' records during the pandemic would have an adverse impact on provision of essential services, they are not required to do so. NHSE/I is now reviewing their patient-facing guidance on access to records to reflect these points.

General Data Protection Regulation (GDPR) data breaches

As the cost of data breaches continues to rise, patient information remains a primary target. This short [video](#) from First Practice Management takes you through the key points to consider.

ARM Elections

Elections for a number of British Medical Association (BMA) committees – including the General Practitioners' Committee (GPC) – are open for nominations until 15 September, 2020, at 10am.



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The full list of committees and more information are available [here](#). To submit a nomination click [here](#).

More information, including instructions on how to nominate yourself, is available [here](#). If you have any queries, please contact elections@bma.org.uk

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

Produced by Kernow Local Medical Committee. Copy submissions for the October 2020 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by Wednesday, 23 September, please.

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