Kernow Local Medical Committee
CONNECT
Monthly newsletter for the Duchy's GPs and practice managers

November 2020 Edition

'Don't panic, Mr Mainwaring!'

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

In the spring this year we were facing the first wave of Covid-19 and we braced ourselves for a tsunami of cases. Secondary care ceased all non-urgent work and the public were told to stay at home and 'protect your NHS'.

Cases are on the rise again and we are already feeling this in primary care. In the intervening six months secondary care and community services activity has rebooted, but with new models of working with much reduced capacity and more remote consulting. This combined with a persistent call that The System is under pressure and a seductive call to arms that WE must support The System by working harder and taking more responsibility. A steady flow of work is coming down to GPs from secondary care and community services and the new models of care to follow up consultations, follow advice and guidance, check results, do pre operation work ups, etc. What The System appears to forget over and over again is how stretched and near the edge many of us are.

Needless to say, the LMC continues to educate secondary care as to what we can and cannot provide and point out that resources have to follow workload – also reminding The System where the vast majority of clinical contacts are carried out and what will happen if they overburden an already saturated GP service.

It will come as no surprise that the supportive elements of our LMC services to GPs are extremely busy.

Despite all of this, I am convinced that because of the high quality service we are able to provide we will prevail, and if I may steal from one of my childhood favourites *Dads Army* it's less 'We're all doomed!' and slightly more 'Don't panic, Mr Mainwaring!'

But other members of The System must understand they have a responsibility of not attempting to overburden our services and the LMC will continue to work in that grey area in between to ensure this is the case.

Tribute to Dawn Molenkamp

By Dr Francesco Scaglioni, Kernow LMC Committee Member

I first met Dawn in the summer of 2007 when she joined the LMC. Over 13 years ago: how time flies…. While there are still a few of us left who can remember an LMC before Dawn, for most she and the LMC were synonymous.

She will be remembered in different ways by those who had the honour to work with her and by those she helped (for some, that was both). Her outrageous taste in shoes and

her equally irreverent sense of humour. An avid consumer of downloaded video (some of which may have been of dubious provenance!) who read two or three books per week, her depth and breadth of knowledge was immense. That is before you started on the subjects of botany and mycology.

Her passion and belief that there was always something "that could be done to help", whoever you were and no matter how much of a pickle you had gotten into. I doubt that there is a GP practice in the county that has not been touched and helped by her at some point. Never too proud to admit that she didn't have an immediate answer, she was always someone that "knew someone who would". Nothing was ever too much trouble when it came to smoothing the way for Cornish general practice and its GPs.

When she was diagnosed as unwell she would not have a fuss made; being the private person that she was, she kept it from all but family and close friends. She will forever remain the only person, I suspect, to have un-blocked an NG tube with Prosecco. One can but hope that she wore her spangly Doc Martens to the end.

"I would have liked a few more years but I am ready to die now", were her words to me three days prior to her death. A truly special lady who will be forever missed. My thoughts are with Ted, whom she leaves behind.

SERF form update

By Dr Tamsyn Anderson,
Director of Primary Care at Cornwall Partnership NHS Foundation Trust

Issues about the use of the Single Electronic Referral Form (SERF) continue to be reported as a theme on Peer Improvement Tips for Care and Health (PITCH) with regard to:

i) Time to complete.
ii) Confirmation of receipt and action.
iii) Inability to auto-populate.
iv) Security.

The SERF IT system was built very quickly to meet a crisis need for Covid-19 for the health and social care system to be able to understand demand and capacity and make decisions on live data.
The range of IT systems across health and social care meant that the best option for access for everyone was to use MS Forms and Power BI. Unfortunately, this cannot be auto-populated from existing IT systems.
A need to understand demand and be able to prioritise workforce in Covid phased planning remains vitally important across both primary and community services.
A SERF progress group has been established attended by representatives from Primary Care Network (PCN) providers to deliver improvements.

Actions to date:

i) Time to complete

The data required for identification will be reduced to NHS number/DOB and postcode for all routine referrals. The information required for admission avoidance/discharge referrals is being reviewed by the SERF progress group to reduce it to a minimum.

ii) Confirmation of receipt and action

All SERF referrals generate an immediate automated email confirmation to the referrer. *Thank you, your referral has been received. If you referred for bedded care, the Bed Bureau team will be looking at your referral now. If not, your referral has been received by their local PCN area team.*
It has been agreed with ICA GP leads that further information about action for routine referrals will not be sent to avoid excessive email traffic for the referrer. Admission avoidance referrals also receive a telephone call with 20 minutes of receipt for further information and action planning.

iii) Inability to auto-populate

We have investigated auto-population and that is not currently technically possible with the current system. We are looking to develop a permanent IT solution which is likely to take 8-12 months.

iv) Security

On submission of the form, data is written to the secure environment provided with NHSmail as part of the Microsoft Hybrid service on Office 365.
(Please see link for the NHSmail Data Protection Impact Assess (DPIA): https://support.nhs.net/knowledge-base/data-protection-impact-assessment/)
This environment is considered by NHS Digital to be secure and appropriate to be used for the processing and sharing of patient identifiable and sensitive (special category) data. Moving forward, the form will be placed behind a layer of security to identify and validate the user/data inputter, no longer public facing, which will then enable NHS number validation to take place along with population of other details validated from the NHS number. This will also ensure that the risk of spurious data being entered is significantly reduced.

Colleagues are not obliged to use the form, but we are making every effort to make it easier to do so. Using the SERF does allow us to plan for demand with live data, which will be invaluable as the second wave hits.
If you choose not to use the form, please could we ask you ring the Community Coordination Centre (CCC) with any admission avoidance referral to ensure the team are aware and can prioritise your referral?

- West CCC 01872 326711.
- North and East CCC 01872 326715.
- Central CCC 01726 627534.

Community assessment and treatment unit (CATU) update

Our new CATU service allows provision of hospital level care in a community setting delivering 24/7 nursing support, access to diagnostics, IV fluids/antibiotics/oxygen therapy when needed and review by a multi-disciplinary team.

We aim to assess and establish a comprehensive treatment plan within 72 hours, supporting discharge back to the patient's usual place of residence at the earliest opportunity. The service can be accessed by local GPs or South Western Ambulance Service NHS Foundation Trust (SWAST) clinicians via our acute GP triage service. The service is for patients who have a frailty syndrome and have been triaged as not having an acute reason for admission who can be safely managed in a community hospital setting.
The service is supported and supervised by the place based geriatrician teams who attend the wards regularly with a frailty hotline available for all staff from 8-10pm 7 days a week (more details below).

Since establishing the CATU service in April 2020, units at West Cornwall Hospital (WCH)/Bodmin/Camborne Redruth Community Hospital (CRCH) and St Austell have seen over 700 patients who would otherwise have been admitted to the Royal Cornwall Hospitals NHS Trust (RCHT) or University Hospitals Plymouth NHS Trust (UHP). Our radiology services have been extended by RCHT to support 8-8 services in CRCH and Bodmin and 6 days in St Austell. We review our shared learning in a fortnightly project group meeting which is open to all staff involved in CATU services – any PITCH reported incident can be reviewed here.

Currently WCH is 24/7 and has access to CT scanning and the psychiatric elder care liaison service. We are exploring our other units developing these services to support a countywide service for all pathways for older people, for example a CT scanner is planned for Bodmin.

Please consider the CATU service for frailer patients instead of 999 and discuss with acute GP for advice.

Rollout of the Patch Consultant Geriatricians across Cornwall and IoS
As part of the strategic systemwide drive to deliver and facilitate healthcare closer to patients' homes, the Integrated Services for Older People (ISOP) at RCHT is pleased to announce the implementation of the Patch Consultant Geriatrician service across Cornwall and IoS.

Following on from the successful PCN funded pilot in Penwith, rollout will continue with Falmouth and Penryn, North Kerrier East and West and South Kerrier and IoS PCNs from the end of October. Phase 2 later in the year will include Truro, St Austell HC and Three Harbours and Bosvena Health PCNs.

Over the next 12-18 months, once additional consultants are recruited into ISOP, the remaining five PCNs (Arbennek, Coastal, Watergate, Holsworthy, Bude and surrounding villages and North Cornwall Coast) will be added to the scope of delivery. Note: East Cornwall PCN already has access to a Patch Consultant Geriatrician.

The range of services the Consultant Geriatricians will be offering are:
Advice and Guidance – trialling in South Kerrier, North Kerrier and Falmouth/ Penryn initially

- Geriatric clinic appointments (as currently stands).
- To explore the potential for patch geriatrician led clinics in GP practices.
- Community matron support.

- Enhanced health in care home support.
- Domiciliary visits.
- Ad hoc, anything else.

Engagement and contact is currently ongoing between the respective PCN Clinical Director and Consultant for those PCNs currently in scope – however, if you have any further enquires or interest in this service in the meantime, please contact Dr Laura Wesson (ISOP Speciality Lead) laurawesson@nhs.net or Nigel D'Arcy (ISOP Service Manager) nigel.darcy@nhs.net

ISOP at RCHT would also like to highlight the availability of the Frailty Hotline, available 8am-10pm 7 days a week. This Clinical Advice Line is designed to help CATU and Comm Hosp Drs/Nurses, OOH HCPs, GPs, SWAST, SMH, RCHT, etc, and enables the caller to speak directly to the Geriatrician of the Day on a range of topics including:

- Immediate clinical advice
- How to help prevent hospital attendance.
- How to help prevent acute hospital transfer.
- How to support all our frail patients countywide.

Please call the frailty hotline on 01872 252161 for advice 7 days a week 8-10pm.

Payment for General Practice child safeguarding reports: a reminder

Clinical Commissioning Groups (CCGs) were asked in 2019 to work within their safeguarding partnerships to ensure General Practice is supported to manage safeguarding report requests. This judicial review judgement recognises that GPs are entitled to seek payment for this work, which is not covered by their NHS contracts.

The LMC receives a number of queries on this matter and we can confirm practices are able to claim a 'collaborative payment fee' for preparing written safeguarding reports. The General Practitioners Committee (GPC) encourages practices to engage with the safeguarding process, but to agree a fee in advance of attending or providing reports. The provision by GPs of the relevant safeguarding services falls outside the scope of the range of essential, additional or enhanced services provided for in parts 8 – 12 of the standard GMS contract. Clause 19.1.2 (a) of the GMS contract specifically permits the contractor to demand or accept a fee or other remuneration 'from any statutory body for services rendered for the purposes of that body's statutory functions'.

GPC has obtained external legal advice on the issue, and has concluded that GPs do have an obligation to comply with their statutory safeguarding duties, but equally that they are entitled to a fee. There are no agreed fees for completing safeguarding reports or attending case conferences. GPC's advice is therefore to provide the relevant services, but on the basis that a fee will be sought for the same, indicating the rate of charge ahead of the provision of the report or attendance at the case conference as the case may be.

Based on the legal advice the GPC has received, they have produced a template letter to support you in your discussions with the local authority. The commissioner of the service

would be notified that acceptance of such services will be treated as signifying a willingness to engage the GP on the stipulated terms. In the event of non-payment a claim for the fee could then be pursued.

Performance Advisory Group (PAG) update

From Dr Pete Merrin, Kernow LMC Committee Member

1. If you are unwell or fear you have burn out please don't ignore it and battle on, seek help before problems become wider and more serious still. If concerned please contact Kernow LMC, don't bury your head in the sand and hope the issues will just go away, support is available. Visit our website for more information.

2. Please follow published advice about the use of social media such as from the Royal College of General Practitioners (RCGP). Doctors are under the spotlight and social media is very public!

3. Assessment of capacity, such as for Lasting Power of Attorney, can be tricky. Ensure you have the necessary skills and document very carefully – especially in case of later challenge,

4. Good communication between professionals is key and this includes informal feedback between colleagues on their performance.

5. Clinical care during Covid-19 has been very challenging, but patients should still be seen face to face where clinically necessary. Unfortunately, complaints due to this not happening, with poor outcomes, are starting to come through.

6. Beware the non-apology apology in responding to complaint letters. Read more here.

7. General practice has changed and continuity of care is often not as it has been in the past. Recognise the need to mitigate clinical risk when continuity is low for whatever reason.

Staff training 2021

By Nicky Sherry, Finance and Administration at Kernow LMC

The LMC is starting to make plans for its training programme for next year – it would be very helpful to know how you would like it delivered and the choice of workshops.

Would you like face to face training, online or a mixture of both – is it easier to release practice staff for online for a couple of hours rather than a face to face which may take all day? Do half day courses work better than a full day? We try to avoid school holidays, but are there times of the year that are better for you? Do you have any preferences about the workshops provided – is there something you would like to see that we are not providing?

Here are some of the workshops that are available – some new ones and the usual popular ones: Chaperone Training, Appraisal Skills, Introduction to Primary Care, Assistant PMs – Stepping Up, Handling Complaints, Whistleblowing, Active Signposting as a Team, Medical Terminology and Telephone Techniques.

Our programme for 2021 will be available by the end of this year, but please bear with us as the current climate may mean it continues to be a moveable feast. Feedback is welcome, please email: nicky@kernowlmc.co.uk

Wellbeing for Practice Managers – Virtual workshop

The LMC recently hosted an online workshop for Practice Managers called MOT 4U. We plan to run this again following good uptake and positive feedback.
The next workshop will take place on Wednesday, 9 December, from 11am-12:30pm. The cost is £35.
If you would like to join the session, please email nicky@kernowlmc.co.uk The training is run by Sheela Hobden from Bluegreen Coaching, who presented at the PM Conference last year.

Taxi driver licences

The LMC has received reports that Cornwall Council has requested advice from GPs whether applicants for taxi driver licences are medically suitable to hold them.
The Council is requesting steer if the applicants meet the DVLA group 2 medical standards – the same as for bus and lorry drivers.
The LMC advice is to decline such requests from the Council – there will be medico-legal risk in expressing an opinion in these circumstances as these patients will not have been examined or questioned.

CHIS update

The South West Child Health Information Service (CHIS) has developed a tool for administrative staff at GP practices to help them check the earliest a child can be scheduled for immunisations.
This is an appointment guide only and a clinician is responsible for deciding when an immunisation should be given.
The calculator has different tabs that show:

- appointment due dates for each date within a selected year
- an individual child's various immunisation dates given their date of birth
- dates for subsequent immunisations based on the previous date of immunisation for a child

If you have any questions, please contact erik.renz@nhs.net.

New to Partnership Payment Scheme latest

During the first six months of the Covid-19 crisis the LMC received several enquiries about the New to Partnership Payment Scheme. We can now tell you that NHS England and NHS Improvement (NHSEI) is updating its guidance to reflect it is standard practice for a period of fixed salary partnership at the beginning of a mutual assessment or probationary period – with NHSEI accepting an individual onto the scheme once they become an equity shareholder. The probationary period must, however, have started after 1 April, 2020.
We also understand that in some instances individuals have not been able to obtain the evidence required to support their application to the scheme. Through discussion with the British Medical Association (BMA), NHSEI has identified alternative evidence that can be submitted for two aspects:

- NHSEI currently ask for a copy of the Partnership Agreement to evidence partnership role and equity share – where this is not available it will now accept a headed letter from the practice to confirm these details.
- To evidence the practice contract type NHSEI originally requested a copy of the GMS, PMS or APMS contract – it will now instead check the Care Quality Commission (CQC) website to obtain this information. NHSEI will, however, still require a copy of any APMS contracts, to demonstrate time remaining on the contract.

Updated guidance documents have been produced to reflect these changes and are available here. If you have already applied to the scheme but weren't able to gain the original evidence documents requested, you will be contacted by NHSEI – there is no need for you to reapply.

GP Fellowship scheme webinar

The GP Fellowship Scheme was launched recently to address the recruitment and retention challenges in general practice. It incentivises newly qualified GPs to become a salaried GP or Partner.
This webinar produced by Wessex LMC explains how the scheme will benefit newly qualified GPs and general practice more widely and will be of interest to GPs in training, practices who are looking to recruit salaried GPs or partners and those responsible for delivering the scheme locally.

Referral Management

By Fran O'Mahony, Assistant General Manager for the Referral Management Service, NHS Kernow

The Referral Management Service and Devon Referral Support Services are open. Both are dealing with requests from you about your patients' care and treatment
The way in which referrals are managed has changed since March with some providers opting to use referral assessment services (RAS's) prior to an appointment being booked. A link to some facts about how referral management has changed and what a RAS is can be found here.
NHS Kernow also recently published an update on referral management which can be found here.

Contacting the RMS

Our phone lines are closed, but we can be contacted by email at KCCG.health@nhs.net. We have had feedback from practices that they would like us to open our phone lines and we are looking into this as a priority. We will update practices when this happens.

Wait times

We have added a section to the RMS website to publish provider wait times which can be found here. Currently this page shows wait times for Royal Cornwall Hospitals NHS Trust (RCHT) and North Devon District Hospital (NDDH) and we will add other providers to this list as their information becomes available.

RCHT patient hotline

You may be aware that RCHT has set up a hotline for patients who are on an elective management pathway and are concerned that their condition or symptoms are deteriorating.

The aim of the hotline is to avoid patients having to return to their GP to raise concerns about their condition or symptoms with a view to expediting care and to help keep patients safe whilst waiting for treatment as all enquiries and concerns will be assessed by a clinician.

The hotline can be contacted by phone on 0800 0357777 or by email to rcht.cornwall.patienthotline@nhs.net. Enquiries are then directed to the appropriate specialty for clinical review and appropriate action.

This hotline is only for patients who are under the care of RCHT and other trusts are yet to take a similar approach. We will keep you up to date on any developments on this.

Secondary care use of ICE GP Ordercomms Pathology

By Jayne Noye, Senior Project Manager, Clinical Projects Office Cornwall IT Services, at Royal Cornwall Hospitals NHS Trust

As you are no doubt aware, a number of secondary care specialities have been trialling use of the ICE solution to make requests for pathology tests to be taken at the patient's surgery. Following the success of this trial, we are pleased to announce that with effect from Monday, 9 November, 2020, all RCH specialities will be offered access to the ICE system. An online process for training and account request has been put in place by Cornwall IT services (CITS) and the Pathology department and it is anticipated that over the coming weeks large numbers of RCH clinical staff will have their ICE accounts activated.

This initiative represents a major change to the process by which pathology testing is requested by secondary care specialities and we would ask for your patience and understanding during the rollout period as RCH staff complete the training and account set-up process.

Central to the success of this initiative is the expectation that secondary care requests are correctly processed by the surgery phlebotomy teams. To this end a reminder has been sent out to all practices over the past months. This process is quick, simple and ensures that all parties benefit from the many advantages the ICE system offers to user and patient.

If you have any queries or concerns regarding this new initiative, please direct them to the GP ordercomms team at RCH rch-tr.GPOrdercomms@nhs.net

RCH Clinical Imaging requesting for GPs in ICE is coming

Over the past year the Clinical Imaging PACS Team has worked with the RCH IT Dept to create radiology ICE ordering. The pages have been tailored to include the most frequently requested exams from GPs to ensure a streamline process for users. Our first pilot site rollout is scheduled for 11 November, 2020. Live rollout is due to commence in the new year. If your practice is interested in being an early adopter please contact rch-trGPOrdercomms@nhs.net

This is an exciting change and will likely see an improvement in appointment turnaround times and accuracy of data/report return.

LMC footnote: We are pleased with these developments, as members will know we have been seeking resolution of this since August 2018.

FIT test latest

By Dr Joe Mays, GP Lead for Prevention and Early Diagnosis, at Peninsula Cancer Alliance

Following the successful introduction of FIT for low-risk-but-not-no-risk patients last year, we would like to ask you to consider reviewing the ways in which you use this test.

It remains a useful tool for people over the age of 50 who do not meet the 2WW criteria, but we would now like to ask you to perform it in all patients for whom you are considering 2WW referral to the lower GI pathway unless they have a good history of a PR bleed.

Performing FIT prior to 2WW referral has the following benefits.

1. Patients with markedly abnormal FIT results can be directed as a priority to colonoscopy, and may experience reduced waiting times for diagnosis.
2. Patients with normal FIT results may be triaged by hospital specialists to cross sectional imaging as their first test, rather than colonoscopy.
3. A normal FIT result may, depending on symptoms, prompt the GP to consider other 2WW pathways such as upper GI 2WW or the new pathways for Non-Site-Specific symptoms.
4. In some cases, GP and patient may decide that no further investigation is required following a normal FIT.

In all cases, except documented PR blood loss, the GP performing FIT prior to and including the results with a referral provides the fastest possible access for the patient to the most appropriate test.

Accessing additional flu vaccine supplies

The Department of Health and Social Care (DSCH) has outlined how GP practices can access additional supplies of influenza vaccinations.

The vaccines will arrive later in the season to top up local supplies once they run low. Expected first delivery dates are included in the guidance.

GP practices will be provided the DHSC vaccines free of charge, but will only be able to claim an Item of service fee for each DHSC supplied vaccine that is administered. The majority of the additional DHSC stock will arrive from November onwards and GP practices will be able to access this only once their own local stocks are depleted.

The Medicines and Healthcare products Regulatory Agency (MHRA) has granted a dispensation to allow movement of vaccines locally between practices and other NHS provider organisations and the General Practitioners' Committee (GPC) would encourage you to work with your regional NHS England and NHS Improvement (NHSEI) Public Health Commissioning team to understand what stock is available locally before accessing the national DHSC supply. The DHSC supply should only be used when there are no other alternative options to accessing more vaccines locally. However, it is not expected that there will be an elaborate evidence base that you need to provide, to show that you have run out of stock and that there is not more available, locally. We are grateful to NHS Kernow for confirming that a brief call/email to your neighbouring practices/your PCN Practices is all that should be needed; if they have none they can spare, the central stock can be accessed on the terms outlined by the DHSC.

Influenza immunisation FAQs

NHS England and NHS Improvement (NHSE/I) has produced a set of FAQs about the influenza immunisation programme. They have also issued guidance on how GP practices

can access additional £15.4m funding made available to local systems and primary care providers to cover reasonable additional costs (over and above the usual fee structures) associated with this year's extended flu programme.

Flu vaccination public messaging

Managing the expectations of patients has been a real issue every flu season and is especially true this year with patients confused by Covid-19 rules and regulations. Public Health England (PHE) has published new information for the public about flu vaccination supplies and why some people may need to wait for their flu jab, along with a leaflet to be shared with the public which you may find useful. National flu marketing campaign posters are also available to download.

Covid-19 update on guidance for clinically extremely vulnerable individuals and actions for GPs

NHS England and NHS Improvement (NHSEI) has issued a letter to GP practices outlining the arrangements for patients who are clinically extremely vulnerable. Shielding is not being reintroduced as before, but patients who are on the shielding list will receive notification directly from Government about what they should do. Patients with CKD 5 and Down's Syndrome have been added to this group.

Learning from Covid-19 outbreaks in general practice

NHS England and NHS Improvement (NHSEI) has shared learning from current Covid-19 outbreaks affecting GP surgeries.

Less than ten GP practices are affected in the South West, but in the North West over 60 GP surgeries are experiencing Covid-19 outbreaks among staff. Some practices have had to close due to the number of employees affected.

The key learning mirrors experiences in hospital staff outbreaks where a lack of social distancing between staff is allowing transmission to occur.

The rule of six still applies in the workplace and larger groups should not be meeting in or out of work.

Bubbles need to support business continuity by ensuring that the right staff mix would be left to run the GP practice if one bubble were in isolation.

The use of break rooms has also been highlighted: these need to be assessed for Covid-19 safe occupancy levels and kept clean.

Bubbles should not mix at break and each bubble should leave the surfaces wiped and crockery clean for the next bubble to use.

Reception and back office staff have been highlighted as needing support to understand personal protective equipment (PPE) use and precautions, since they may be less familiar with prevention interventions than clinical staff.

GP Practices should be maintaining Covid-secure settings for their patients and staff in line with the latest IPC guidance which is relevant for all settings.

Covid-19 Clinical Assessment Service (*CCAS*) update

In the latest GP contract letter, NHS England and NHS Improvement (NHSEI) has confirmed that GP practices should continue to make 1 per 500 appointment slots available

for direct booking by 111 during the Coronavirus pandemic where the demand for this level of direct capacity is evidenced. Otherwise, it is recognised as appropriate for fewer to be available if they are not being used, routinely. This will run until 31 March, 2021, when it will revert back to 1 per 3,000.

Covid-19 vaccination

Recent media reports have highlighted the possibility of a Covid-19 vaccination being available by December. The Government has been planning for this, but it depends on a number of fundamental issues such as the effectiveness of the early vaccines once trials have completed, the quantity that can be produced, supply logistics and the licencing arrangements.

As the General Practitioners' Committee has previously stated, the Joint Committee on Vaccination and Immunisation (JCVI) has published its interim recommendations outlining the priority for vaccination.

The GPC is now in negotiations with NHS England and NHS Improvement (NHSEI) to agree the role that general practice will play in the vaccination programme. The GPC has successfully made the case to Government that practices are experts in mass vaccination, as is clearly demonstrated by the current massive flu campaign, and patients, particularly those who normally receive a flu vaccination, would expect to receive their Covid-19 vaccination from their local practice team.

The nature of the first vaccinations that are likely to be available will require different arrangements to the flu campaign but the GPC believe that practices, probably working together within their area, will be best placed to deliver this vitally important programme. The GPC hope to be able to share more details in the next few days.

Covid-19 Test and Trace App while at work

NHS England and NHS Improvement (NHSEI) has provided some clarity about how healthcare workers use the NHS Covid-19 Test and Trace App while at work.
In summary, the guidance says:

- healthcare workers are encouraged to download the NHS Covid-19 app to help the fight against coronavirus.
- healthcare workers should use the 'pause' contact-tracing function on the app when they are in healthcare buildings including GP surgeries and hospitals.
- healthcare workers are still able to use some of the app's functionality while the app contact-tracing feature is paused, should they wish.

Further questions on how healthcare workers can use the NHS Covid-19 app are answered on the NHS Test and Trace website.

Recording of deaths

Dr Alan Fletcher, National Medical Examiner, has confirmed that the interim changes made to allow for recording of deaths during C19, continue.

NICE to develop a guideline on persistent effects of Long Covid on patients

There is growing evidence to suggest Covid-19 is a multi-system disease that for many people involves persistent symptoms with longer term impacts on their health.
The National Institute for Health and Care Excellence (NICE) will publish a new Long Covid guideline by the end of the year, aiming to support GPs and other healthcare professionals when caring for patients with long term effects from Covid-19.

GP premises survey: post Covid-19

With the emergency response to the Covid-19 pandemic disrupting many patients' access to GP services, a survey from the Patients Association investigated what they felt about their GP's premises and whether they would be confident to return to them. It found ongoing high levels of confidence about visiting GP premises and a strong expectation among patients that they would feel welcome, confident and safe on future visits.
The survey responses also shed further light on patients' access to GP services during the pandemic, with many being offered phone consultations and relatively few getting online video calls. For a substantial minority of patients, online contact was not sufficient to resolve their issue and they needed to make an in-person visit.

Food help for vulnerable during Covid

By Dr Chris Tiley, GP Partner at Lander Medical Practice and Kernow LMC Committee Member

In the first lockdown there was a 90% increase in people accessing food banks in the UK, whilst globally estimates suggest about 260 million additional people will be on the brink of malnutrition because of covid-related disruption.
The Truro Health Park Hunger Fund was started as a response to these statistics, with the aim of improving food security for the most vulnerable people in our communities, whether local or global.
If you click here you can choose between the Trussell Trust (which administers the food bank programme) and Oxfam which has a long history of supporting those in crisis.
The site does ask if you want to pay a voluntary admin fee but it is perfectly acceptable to say 'no'!
Please support the fund if you can, it would be a quick and easy way to oppose some of the negative societal effects the infection has caused us all.
If you could forward the link to your own contacts that would be a great help in boosting the potential number of donors.

CQC state of care annual report

The Care Quality Commission (CQC) state of care report for 2019/20 has just been published – with 89% of GP practices rated good and 5% outstanding.
The General Practitioners' Committee (GPC) continues to call for CQC inspections to be suspended during the coronavirus pandemic and does not believe their transitional regulatory approach is appropriate or necessary at this time.

CQC myth-busters

The Care Quality Commission (CQC) has updated its myth-busters on infection prevention and control in general practice, patient safety alerts, caring for people with dementia, health care assistants in general practice and training and continuing professional development for practice nurses with guidance on best practice.

Update on CQC fees for 2021/2022

The Care Quality Commission (CQC) fees scheme, which covers all its costs of regulation, including registration, monitoring and inspection, will not change in 2021/22.
This means that, for most providers, their fees will remain the same as in 2019/20 and 2020/21, providing their registration or size does not change. Read more on the CQC's website.

Complaints (KO41b form) data collection for 2019/20

Following the General Practitioners' Committee's (GPC) lobbying for a reduction in bureaucracy impacting on GP practices and the pressures in responding to Covid-19 NHS Digital has confirmed that the annual complaints (KO41b form) data collection for 2019/20 will not be gathered as usual.
Practices are instead encouraged to continue to use the information collected locally for local service improvement purposes. Read more here.

Freelance GP locums Forms, the '10 week window', and validating Form A

Although the 2020/21 freelance GP locum A and B forms and guidance state that GP locum work that is more than 10 weeks old cannot be 'pensioned', this rule is being temporarily removed during the current Coronavirus pandemic to give GP locums more time to complete them.
The removal of the '10 week window' takes effect from 1 April 2020 until further notice. This means that, for example, a freelance GP locum can declare work performed in April 2020 on their August 2020 Form B subject to the Form A being validated at the time. NHS England (NHSE) and Primary Care Support England (PCSE) have been made aware of this.
In addition, during the current pandemic there is no need for the commissioning practice to enter the 'Practice stamp' at Part 2 of Form A so long as the name of the practice is entered and the form is signed and dated. A digital/electronic signature is acceptable.
The 2020/21 freelance GP locum Forms A and B are available on the PCSE website under the GP Locums tab here.

Sessional GPs newsletter

The latest Sessional GPs newsletter from the General Practitioners' Committee (GPC) includes a plea for sessionals to complete a Covid-19 risk assessment. This is essential for establishing if any changes need to be made so you can continue working safely.

Pensions newsletter

The British Medical Association's (BMA) Pension Committee's latest newsletter provides an update on what actions it is taking on a range of issues including taxation and death in service benefits.

Final Pay Controls

Final Pay Controls is below the radar for many, yet large invoices could be arriving at GP surgeries without them realising that they had fallen foul of the rules. This video explores the charge, how it is calculated and what to do to avoid it. Guidance is also available from the NHS Business Services Authority here.

GMC publishes new consent guidance

The General Medical Council (GMC) has updated its guidance on consent – which comes into effect on 9 November, 2020.

Guidance on professional standards and ethics for doctors - Decision making and consent does not introduce any new obligations, but provides more expansive guidance about how doctors can meet their ethical and legal obligations in relation to consent.

The overarching principle is that a patient-centred approach should be taken into decision-making and consent. Aspects of the guidance that may be of particular interest are:

- The GMC has set out seven principles which provide a helpful guide on how to approach decision-making and consent (page 7).
- The exceptional circumstances in which information can be withheld in the context of the consent process – this would apply if the disclosure of the information may cause the patient serious harm (page 13).
- The approach to seeking consent when a patient lacks capacity (pages 32-38).

Professional behaviours and communication principles for working across primary and secondary care

Winter is coming, people are tired, and inevitably the cracks start to show. The LMC exists to look after our GPs, and sometimes we need to politely decline tasks if the uncontracted or unreasonable is asked of primary care. The Royal Colleges have produced some guidance for professional behaviours and communication for working across Primary and Secondary Care interfaces.

Help with PCN Directed Enhanced Service medicine reviews: polypharmacy comparators

New polypharmacy prescribing comparators can help Primary Care Networks (PCNs) with the Structured Medication and Medicines Optimisation Service Specification. They help GP practices and PCNs prioritise which of their patients may be at greatest risk of harm from problematic polypharmacy.

The comparators show practices and PCNs how many patients they have on eight or more, 10 or more, 15 or more, and 20 or more, medicines. They also identify patients taking a combination of medicines known to increase risk of harm.

CVDPREVENT quality improvement

CVDPREVENT is a national primary care audit to support professionally led quality improvement in the diagnosis and management of six high risk conditions that cause stroke, heart attack and dementia: atrial fibrillation, high blood pressure, high cholesterol, diabetes, non-diabetic hyperglycaemia and chronic kidney disease.

The audit data will support GP practices and Primary Care Networks (PCN) to identify gaps, inequalities and opportunities for improvement in clinical care. It is expected to provide the core data to assist PCNs meet the requirements of the PCN Directed Enhanced Service for CVD prevention.

NHS England and NHS Improvement (NHSEI) encourages GP practices to participate in this new service. This is a participation only service – no data will be recorded in Calculating Quality Reporting Service (CQRS). Practices should have received the Data Provision Notice outlining the collection and further information can be found on the CVDPREVENT web page.

Resilience and wellbeing for GPs

Red Whale – a training provider for GPs – has produced a new free briefing with advice on resilience and wellbeing for doctors. You can read it here. Information about the LMC's pastoral support service is available here.

Practice Manager podcast – Boosting morale in general practice

Practice Index has launched its latest Practice Manager Panel podcast – discussing the challenges leadership teams face, what low morale means in GP practices day to day and, critically, what can be done to maintain staff resilience during this period of long-term uncertainty. Listen here.

Building the future of general practice: Dr Martin Marshall's RCGP Conference speech

The Royal College of General Practitioners (RCGP) Chair is 'livid' over attacks on general practice from 'armchair critics'. His speech from its recent *Building the future of general practice* conference is available here.

New BMA GP Maternity Guide

The British Medical Association (BMA) has produced a new guide which contains information that will be useful to GPs as they prepare for maternity and other types of parental leave.

Survey of GP trainees

The Kings Fund – a national health think tank – has launched its annual survey to hear the views of GP trainees. Please share the link with any current trainees in your GP practice: https://surveymonkey.co.uk/r/YDZLDTT All responses will remain anonymous.

A summary of last year's findings is available here.

Sustainable and environmentally friendly general practice

The General Practitioners' Committee (GPC) has written to the Government this week calling for a Green Fund to allow GPs to access resources that will lead the NHS towards sustainable carbon neutrality. In Kernow, Dr Phil Trevail will be representing the Duchy's general practitioners as our representative in the system discussions, decisions and essential work that flows from those decisions.

Cameron Fund Christmas Appeal

The Cameron Fund – which provides support to GPs and their families – has launched its Christmas Appeal requesting financial donations.

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 December 2020 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by 20 November, please.