Kernow Local Medical Committee

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

January 2021 Edition

Reflections on a horrible annus

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

So, we look ahead with optimism to a more promising year. The Covid-19 vaccine is afoot and surely that has to turn things around. At a time of new beginnings, humour me if I reflect on what the LMC has been up to in 2020.

The year started normally enough and we were heavily involved in the consequences of the PCN DES and its gradual ratchetting of service requirements. Extended hours, Improved Access to General Practice (IAGP), Additional Roles – it all seems a bit nostalgic in the context of the challenges that were to come. Any-ow, as they say in parts of the Roseland, we read the rules, attended the meetings and negotiated on your behalf. We made sure the PMS premium was used to contribute towards services you were already providing unfunded by GMS. This in itself kept over a million pounds in the baseline across Cornwall.

Even before the bomb dropped there were some practices and GPs that were struggling organisationally, financially or personally and we provided mediation, pastoral support and assisted in resilience funding applications. The Care Quality Commission (CQC) continued with its ever-helpful contributions and occasionally our media support function was required to mitigate public-facing consequences.

Building on the need for GP resilience we negotiated a Top and Tail arrangement with Kernow Health so that the 6.15pm phone call no longer meant a missed dinner. Every little helps!

Then lockdown happened and it briefly felt like freefall with NHS England and NHS Improvement (NHSE&I) firing out directives fast and loose. I seemed to be having to read a year's worth of CPD, contract and SOP every day. On a heavy day I was having to process 60 emails often with multiple attachments. I was attending crisis meetings often out of hours every few days. It felt unachievable. However, it also felt important – for Cornwall, for GPs and for patients. There was a lot of command and control going on and it needed the "quiet" voice of the LMC in the background to try and limit the unintended harm to colleagues. And, do you know what? In the face of that intensity of crisis a lot was achieved through cooperation and "can do". NHS Kernow, The Trusts and the Primary Care Networks (PCNs) ably represented by the growing cohesion of the Clinical Directors (CDs) really pulled together and I think we should be justly proud of how Cornwall has sailed these troubled waters. We were not all in the same boat but we were all in the same storm.

The LMC via the General Practitioners' Committee (GPC) were continuously involved in the process of trying to protect GP's livelihoods so they could concentrate on fighting the fire. NHS Kernow were very helpful in rapidly agreeing protection to enhanced service income at some risk to their budget. The Council possibly less so. We pushed and continue to push for protected QOF and exceptions from GMS pressures so we can concentrate on keeping the wheels on other services. Most recently we worked hard with the CDs and the CCG to negotiate distribution of £1.53M to practices to support the rest of the financial year and create a Covid virtual ward and nursing home support response which should improve GP resilience if we get a full on second wave. The memorandum of understanding that was generated links some of that money to a Learning Disability health check target as mandated by NHSE&I, but I would draw your attention to the wording. Supporting aims and achieving targets are different things. You need the LMC to represent you in these issues.

The Covid crisis has been a catalyst for change and the move to remote working was seen as an opportunity to accelerate Outpatient Transformation by the Trusts. There be dragons in terms of workload shift and we have been tireless in banging the drum to hold back the flood. Thanks to considerable efforts from pathology services plus determined push back from GP colleagues it is now mandated for all Royal Cornwall Hospitals NHS Trust (RCHT) consultants to be able to order tests on ICE and Cornwall Partnership NHS Foundation Trust (CFT) is also making moves in that direction. If we achieved nothing else in 2020 that would almost have been enough!

With outpatient transformation has come a cascade of forms and I have been burning the midnight oil trying to pare back the number of tick-boxes demanded. It is a credit to our determined engagement that now the LMC are asked much more often to vet forms before they are released. On one occasion I had to point out that the form proposed would require 42 separate mouse clicks to be completed even before you entered any text. Sometimes we succeed, sometimes it falls on deaf ears. I remind you that referral forms are not mandatory – high quality referrals are.

In 2019 any mention of surf would trigger wistful looks to the horizon and hurried trips to Ann's Cottage. Fast-forward to 2020 and everyone was spelling it wrong. The Single Electronic Referral Form (SERF) debacle was a brave attempt to operationalise a diverse workforce along management consultant tramlines. It upset a fair few of you and we did what we could. It has not fully played out, but we have given you some options and continue to stay with it.

The number of Teams meetings the LMC have attended on your behalf in 2020 has been bum-numbing. Covid has created many things in society, but it is fair to say we have a whole new set of rules for meeting etiquette and a new lexicon in language and emoji-craft. A time traveller from 2019 would be puzzled by phrases like "is that a hand or a legacy hand", "you're on mute", "I'm going to jump on another call" – perhaps a lucky few still are. On the last crisis Teams meeting with the CDs when NHSE&I was really asking the impossible on the Pfizer vaccine the meeting etiquette seemed to be subtly shifting. Maybe it was the circumstance and the time of day but there were a lot of wine glasses on camera – mineral water undoubtedly, red mineral water….

In considering how to roll out the vaccine the LMC were ever present in the background making sure that GPs and primary care staff were not at the back of the queue. It was difficult for individuals to prioritise themselves over their patients. At times like these the LMC is loudly and shamelessly pro-GP and hopefully you and your staff will all have your jabs booked as a result. Special thanks go to Tryphaena Doyle and Iain Davidson for going above and beyond to make this happen.

If there was ever a year not to be LMC Chair I suspect 2020 was it. However, I have been humbled and proud to watch GPs and the organisations they lead step up to the challenge and overcome. You have been awesome and Cornwall is very lucky to have you. Happy New Year and let us make it a good one!

LMC position on the second dose of the Covid-19 vaccination

Kernow LMC welcomes the Medicines and Healthcare products Regulatory Agency (MHRA) announcement about the licensing of the Oxford AZ vaccine against coronavirus. We also acknowledge the positive news that greater flexibility can be deployed in the timing of the second dose of both licensed vaccines which should speed up population coverage.

However, we deplore the way in which the change in rules has been handled – the timing, the generated stress and the distress from cancelling booked second injections. This gives a very poor message to elderly vulnerable patients and staff who have been sold a different story and their assumed lifeline has been withdrawn at the last moment. A prospective approach would have been more useful. This view is echoed by the British Medical Association's (BMA) recent statement on the matter.

The LMC is grateful to NHS Kernow colleagues working alongside us to support you where, in Waves 1 and 2, you are continuing to provide second doses that had already been booked for vulnerable patients before the announcement was made by NHS England and NHS Improvement (NHSEI). We have been pushing for clarification that payments for these second Pfizer doses will be honoured, where operational capacity does not permit re-booking in time for GP practices currently in the thick of it. This has now been confirmed by NHS Kernow and GP practices should proceed on the basis this will be paid, on the terms agreed. We believe that where there is no capacity to re-arrange bookings, the commitment made to these patients should be honoured and will support Primary Care Networks (PCNs) who choose to follow this path.

We should make PCNs aware that technically NHSEI could refuse to fund this activity as it falls outside of their guidance, but the LMC will stand against any attempt to divert resources away from the vaccination programme in General Practice.

The General Practitioners' Committee (GPC), LMC and NHS Kernow are all pushing for maximum flexibility for delivery of the AZ vaccine from GP practice sites – this is significant work in progress at present.
Dr Richard Vautrey, Chair of the GPC, said: "The change in vaccination scheduling now means there will be double the amount of Pfizer vaccine available to use from next week.

This means all active sites will be offered more vaccine to use. We expect all designated sites to receive around 400 doses of AZ vaccine next week and another similar amount the week after. This is primarily for care home patients and staff and there should be enough to ensure all patients have the first vaccine in the first couple of weeks of January. By the end of January the proportion of AZ vaccine will significantly increase and at that time we would expect more opportunity for vaccinations to take place in other settings. For logistical reasons vaccine may still need to be supplied to designated sites but could then, with appropriate cold chain arrangements, be taken to other practices to give to patients if that is what local areas and practices want to do. Again, arrangements for this are being discussed. We are continuing to push NHSEI to enable this to happen and to take into account any MHRA requirements, as well the provision of scanners for sites delivering vaccines."

Resupply of vaccines (Pfizer and AZ) is through the national 'push' model at present – albeit there is an element of 'pull' allowing sites to determine a proportion of their resupply volumes. After the next couple of weeks have passed, there will be a pull model introduced, so that designated sites can order what they need, rather than be told what they will receive.

Finally, it is likely that the AZ vaccine will NOT need a 15 minute observation period, but it is in the SOP for the moment, until such time as the hospitals give the 'all clear' as to reactions (or, hopefully, lack thereof) in regard to the outputs from their own AZ rollout yesterday and today. NHSEI feel that the 15 minute observation period is likely to continue for Pfizer.

Death Certificates: Preparedness for Scrutiny of Community Deaths by the Medical Examiner System

By Jo Wenborne, Registration Service Manager

Medical Examiners (qualified doctors who undertake a process of scrutiny of the certification of deaths) have started to be involved in the death certification process in secondary care in Cornwall. In due course it is also coming to the community, so Kernow LMC, the Coroner and the Registrars' Service are working together to help prepare the way.

For Registrars the benefits of the introduction of the medical examiner system for community deaths will be greater consistency and quality in the medical causes on death certificates and in the completeness of the Medical Certificate of Cause of Death (MCCD) – which should lead to a smoother death registration process for the bereaved.

Registrars, as part of their preparations, have been undertaking some preliminary work by analysing the proportion of MCCDs that are currently rejected at registration, along with the number of breaches of the five day registration requirement (there is a statutory requirement for the next of kin to register a death within 5 calendar days of the death). The analysis has shown that:

- 9.3% of MCCDs are rejected when they are received by the registrars' service.

- 13.5% of MCCDs are signed late by the doctor (defined as signed on day 4 or greater).

These two issues, amongst other factors, are contributing to an extended length of time that bodies are occupying mortuary space and potentially delaying funeral arrangements for the bereaved.

Registrars are therefore keen to work with GP surgeries to help improve the accuracy and timeliness of the completion of MCCDs before the medical examiner system is extended to community deaths. They are pleased to be able to offer virtual sessions on 'top tips to avoid the common pitfalls of MCCD completion'. If any GP surgery is interested in taking up this opportunity, please email: registration@cornwall.gov.uk.

LMC note: It is worth remembering that relatives are no longer registering deaths in person and therefore are not handing death certificates to the Registrar at the time. The Registrar can only accept a scanned death certificate from a GP practice (not the patient). Consequently, practices reverting to just giving a hard copy of the certificate to a relative without scanning and emailing to the Registrar first, tends to add in extra delay for registering the death.

Integrated Clinical Environment (ICE) update - Radiology requesting in ICE has started

By Jayne Noye, Senior Project Manager, Cornwall IT Services, Royal Cornwall Hospitals NHS Trust

Over the past year the Clinical Imaging PACS Team have worked with CITS and NHS Kernow to enable electronic requesting of Radiology tests. The pages have been tailored to include the most frequently requested exams from GPs to ensure a streamline process for users.

Currently we are piloting this additional module to ICE at Three Spires, St Agnes and Falmouth Health Centre. The pilot has been received well, with positive comments of *"easier than filling in the normal form"* and *"quicker and safer process".* The live rollout is due to start on 7 January 2021 with Carnewater Practice, Bodmin.

We would welcome any GP practices interested in becoming an 'early adopter site' to get in contact with the ICE Team via rch-tr.GPOrdercomms@nhs.net Thank you already to those who have already submitted an interest.

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

Secondary care use of ICE GP Ordercomms

Feedback from surgeries about secondary care ICE usage has been overwhelmingly positive, with most reporting a noticeable shift in requesting patterns and many users citing the fact

that results are returned directly to the requesting speciality team as the most significant improvement.

There have, however, been a small number of incidents where surgery users have failed to search for a postponed request resulting in missed tests. Similarly, there have been instances of secondary care users not correctly postponing requests. Both are been dealt with on an individual user basis.

Whilst issues of this nature are to be expected during such a major process change, we would ask that all users take steps to ensure all surgery staff are following correct procedures to search for and collect postponed requests. Help and advice on all aspects of ICE ordercomms use is available by contacting the team via: rch-tr.GPOrdercomms@nhs.net

Locum and Sessional Doctors' latest

By Kernow LMC Committee Members Dr Angus MacDonald, Dr Penny Tempest and Dr Victoria Olobia

Happy new year to all: there has been an ocean of water pass under the bridge since our last update but we hope you were able at least to enjoy a Hogmanay of sorts. The seismic changes imposed on us by Covid continue to press home and as expected, GP surgeries throughout the Duchy appear to have taken all in their stride, carrying with them their locums and sessional doctors.

The early paradoxical reduction in workload caused by lockdown and social distancing was mirrored across all acute services in the Peninsula. In GP-land there was concern that some surgeries might be capitalising on this by cancelling locums. The argument for ensuring that a region has a secure vibrant locum population is a plain one and indeed gave rise to a British Medical Association (BMA) appeal for solidarity.

Luckily, Cornish Surgeries have supported their colleagues– hardly surprising given the close, cooperative support the Duchy's GPs have offered each other over the years which in turn contributes to the highest standard of primary healthcare for which we can remain proud.

Workloads are picking up again – although the spectrum of individual demands within them is shaped very differently from one year ago. As always, locum and sessional doctors' wellbeing is vulnerable to peripheralisation on busy surgeries' radars: Indeed, it is not unheard of for a doctor to enter a consulting room in the morning and leave it in the evening with a minimum of social interaction all day. For most, the ability to stop, breath and converse during a busy day is invaluable. In the absence of such luxury, traditional frustrations of idiosyncratic and overloaded systems, and complex or insistent patients can build to make for a decidedly unpleasant experience.

We encourage employers therefore to be proactive in anticipating their sessional doctors' wellbeing and sessional doctors themselves to be aware and responsive to their own physical and emotional needs, as stipulated in the GMC's Good Medical Practice. The following links may be helpful for those looking for some support:

GP appraisals UK website, in addition to outlining this year's modified appraisal expectations, it has a good occupational health section.
Kernow Local Medical Committee's pastoral support service which remains available free of charge to any LMC member.

What's next?
The Covid-19 vaccination rollout is the next enlivening instalment of our national rollercoaster journey. Hopefully, an injection of pledged military assistance will help to replace Government chaos with some predictability. At time of writing, sessional opportunities are available for doctors interested in assisting with this programme. Interested parties must have completed a specific Coronavirus eLearning syllabus.
Finally, a deal was made for the withdrawal from the EU, but not even cabinet ministers are able to predict the extent and consequences of the many unknown upstream blockages and how they might affect us. Once again, the need for flexibility in these uncertain times will be paramount: Step up Cornwall's Locums…

Good luck with this and for the new year: please continue to report back your experiences and concerns so that we can share, learn and support.

Child Health Information Service Information Sharing Agreement

By Chris Ellis, Operational Lead CHIS South West

We are pleased that as a result of a meeting with Sarah White (Devon Doctors), Bex Lovewell (Delt Shared Services Ltd), Kevin Caldwell (Somerset CCG) and Beverly Gallagher (Kernow CCG) the Information Sharing Agreement (ISA) between InHealth Intelligence (SW CHIS) and General Practices has been agreed for distribution. Your LMC has also been involved through this process and welcomes its outcome.
This ISA will allow child immunisation data, 6-8 week developmental check results and notification of babies at risk of Hepatitis B to be shared between General Practices and the Child Health Information Service (CHIS).
Local clinical commissioning groups (CCGs) will distribute the ISA early in the New Year. If you have any questions please contact me at: Chris.ellis@inhealth-intelligence.com
LMC note: No further action is required from local GP practices at this time.

The legal status of referral versus advice and guidance

The LMC's view is that if you are asking for advice you are clearly continuing to oversee patient treatment – responsibility for overall care remains with the GP but the consultant is culpable for the advice given. If however, you have referred a patient, the responsibility for the patient's care transfers with the referral including deciding how quickly the patient needs to be seen in secondary care. If the patient is not seen within a safe time period, the responsibility for this resides with secondary care. The argument will be around whether enough information is supplied to allow secondary care to triage appropriately.
Joint guidance on the use of the NHS e-Referral Service 2018 has been written by the General Practitioners' Committee (GPC), NHS England and NHS Digital to help GPs and their staff understand the most effective way of using e-RS and support them in the management of their patients.

Gender dysphoria

The LMC is aware that some local GP practices continue to be approached by private gender reassignment clinics with requests to perform blood tests and prescribe hormones.

Guidance from the General Practitioners Committee (GPC) highlights that, as always, GPs should only prescribe and monitor medication that is within their competency and that patients should be seen by a 'reputable' gender identity service.

Advice is also available on our website here (you need to register if you haven't already) and there's also a useful gender dysphoria letter template available for GPs to use in situations where they are being asked to prescribe hormones by private Gender Identity Clinics, which is mentioned on page 3 of our June 2020 newsletter here.

Women's health update

By Dr Sarah Gray, GP Specialist in Women's Health

Brook have now been providing the sexual health service for all age groups in Cornwall for a year and have maintained a service through the Covid-19 pandemic that has not been available nationwide.

Use the central booking number to refer for post coital IUD fittings 0300 30 30 714. Signpost patients to the website www.sexualhealthcornwall.co.uk for details of services. The digital platform SH:24 can deliver STI testing and other services in cases where it is not necessary to attend clinics.

The Primary Care Women's Health Forum https://pcwhf.co.uk/ provide a range of guidance on managing everyday issues of contraception, bleeding and menopause without face-to-face consultations and highlighting when these are needed. Both downloadable documents and previous webinars can be found through the website. Look for education which will be delivered online in the next year to meet PDP needs.

Neither cervical screening nor coil fitting are aerosol generating procedures and it really is possible to maintain services in these areas.

The Diploma of the Faculty of Sexual and Reproductive Healthcare (https://www.fsrh.org/home/) has just been revised and details will be available in the new year. This is the competency standard for services in primary care. The Essentials in Sexual and Reproductive Healthcare (e-SRH) is an entry level one day educational program that can now be delivered in Cornwall via the CIC program. This would be particularly helpful for your nursing and pharmacy colleagues.

Training for intrauterine devices and implant fitting has been on hold for the last year, but I am hoping that this can be picked up once the demands of the pandemic have eased.

Surgery cleaning companies

The LMC has had an enquiry about GP practice cleaning companies from Stennack Surgery. If you are able to recommend one, please contact Lydia Hale, at Stennack, via lydia.hale@nhs.net as she would appreciate help on this one.

Covid-19 End of Life guidance update

The symptom control guidance for end of life care of patients with Covid-19 in all settings has been updated in line with Medicines and Healthcare products Regulatory (MHRA) guidance and our learning and experience from the first wave. The key change is that fentanyl patches should not be prescribed for opioid naïve patients and are no longer included in the EoL emergency medication packs.

The updated guidance is now online on both the Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall Partnership NHS Foundation Trust (CFT) document libraries, RMS and Acute GP websites and the Kernow CCG end of life care resource site.

Individualised assessment and prescribing remains key for all patients. Please contact your specialist palliative care nursing team via 01208 251300 0900-1630, or the Cornwall Hospice Care specialist palliative care advice line 24/7 on 01736 757707.

Start of Covid-19 vaccination rollout in Cornwall

Paul Hughes, Clinical Pharmacist, and his colleague Stacie Marks, Primary Care Network Pharmacist, are pictured at St Austell HealthCare's Wave 1 site before Christmas, preparing to administer the Covid-19 vaccine.

Thanks to all colleagues within general practice and stakeholder organisations who have been involved in every aspect of planning, preparation and delivery across the county.

BMA supports third national lockdown as doctors compare working in the NHS to being in a warzone

Responding to the Government's announcement that England will enter another national lockdown, Dr Chaand Nagpaul, British Medical Association (BMA) council chair, said: "It's clear that we need a major intervention to bring down the spread of this virus, especially the new more aggressive variant, given that the NHS in on the brink – currently facing exponential demand for care beyond what can be supplied in many places.

"Hospitals are stretched to breaking point, with doctors reporting unbearable workloads as they take on more Covid-19 admissions alongside the growing backlog of people who need other, non-Covid care. Doctors are desperate, with some even comparing their working environment to a warzone as wards overflow, waiting lists grow, and ambulances queue outside hospitals because there are now so many people with Covid-19. As a result, the NHS is currently facing a perfect storm of immense workload and staff burnout and more cases expected as we see the impact of Christmas on infection rates.

"The vaccination of healthcare workers needs to be significantly sped up so that health and care staff across the country are prioritised to receive both the first and second doses of the Covid-19 vaccine to help keep them free of the virus, so they can continue to provide the care so vitally needed by so many.

"The decision to close primary and secondary schools for the foreseeable future is also essential to containing the spread of this new variant. While the BMA believes they must be the first to reopen after this lockdown, we know that the percentage of positive tests is currently rising fastest among school-aged children, particularly those in secondary education, and that this is having a huge impact on community transmission.

"No one likes being told how to live their life, but the reality is that without these tougher measures, the further this virus will spread, potentially taking more lives and damaging the NHS beyond repair. This lockdown is temporary, but the grief and loss suffered by those because of Covid-19 is enduring – and a stark reminder of our collective responsibility to ensure that it is not this virus that wins, but us."

Questions about Patient Specific Directions (PSD) and Patient Group Directions (PGD)

NHS England and NHS Improvement (NHSEI) has been receiving enquiries about whether or not written PSDs are required for supply and administration of the Covid-19 vaccination. To clarify, doctors as appropriate practitioners can supply prescription only medicines without prescriptions and administer injectables without directions (Human Medicines Regulations reg.214(1) and (2)(a)). This means that a PSD or another type of direction written or otherwise is not required as long as the GP is carrying out the whole process of clinical assessment, consent and administration. A clinical record of this should be made (in this case on the Pinnacle system) as is normal practice.

If tasks are being split with a different healthcare professional carrying out the clinical assessment and then the GP administering the vaccine, then this would require a written

PSD to be in place to cover the other healthcare professional or trained member of staff administering the vaccine.
With a PGD the clinical assessment cannot be split from the administration and both of these need to be done by the same health care professional authorised to work under the PGD.
A PGD will not be available for the AZ vaccine until next week – the PSD template is available and will need to be used until then, for that vaccine. National protocol for the sixth dose of the Pfizer BioNTech vaccine is awaiting sign off by the Secretary of State.

Staffing support to deliver the Covid-19 vaccine to care home residents and staff

Where practice groups require additional staffing support, they have been asked to liaise with their clinical commissioning group and local lead employer as soon as possible detailing the types of workforce required and the time periods it is required for.
NHSE&I are also asking lead employers and regions to identify staff recruited to support the delivery of the vaccination programme locally to provide support. In addition, they expect community trusts to support short term deployment of staff to support vaccinations of these residents and that these staff are paid by their normal employer for the work undertaken, be this as part of their normal substantive pay arrangements or bank pay if they are an ad hoc worker.
In all circumstances the local employer pay and terms and conditions should apply. Funding will be made available and distributed to providers locally for work undertaken to support this. There will be no recharging arrangements to primary care specifically for work related to care home vaccinations. The letter outlining these arrangements can be found here.

Care home vaccinations

NHS England and NHS Improvement (NHSEI) has confirmed that there will be a supplement of £10 per dose on top of the Item of Service fee, for each Covid-19 vaccine delivered in a care home setting. The dose payments will be split so that GP practices are not having to wait 12 weeks before receiving any payment at all.

EMIS practices – enabling autocoding of incoming Covid-19 vaccination notifications via Fast Healthcare Interoperability Resources (FHIR) Digital Medicine messages

EMIS GP practices may be seeing Covid-19 vaccination notifications arriving in their EMIS documents workflow. For EMIS to be able to autocode these incoming vaccine notifications, the 'auto-file' functionality needs to be turned on before the vaccination notification comes in. The feature should really be documented as 'auto-coding', not auto-filing; enabling this will not automatically file incoming vaccinations notifications, but it will automatically add the relevant vaccination code to the patient record with no human intervention. So far only the flu code set has been added. There is no equivalent autocoding for SARSCOV2 vaccinations set up as yet – it is due in January (date TBC). This affects any EMIS practices receiving vaccination notification messages, even if your practice/Primary Care Network

(PCN) has not signed up to the vaccination Enhanced Service, as your patients may receive the vaccine elsewhere.
In EMIS Organisational configuration, edit your organisation. Set 'Auto-file vaccination from FHIR message' to YES and save/apply your changes.

Covid-19 Response Levels Workload prioritisation for primary care

The British Medical Association (BMA) and Royal College of General Practitioners (RCGP) have produced guidance on the types of work that should be undertaken in primary care, depending on Covid-19 prevalence.
As Covid-19 becomes more prevalent, it may be appropriate to move to a higher response level and de-prioritise some clinical and non-clinical work and focus on continued delivery of a reduced range of general practice services. Decisions to move between levels should be taken at a local level, with due consideration of national conditions and guidance.
Maintaining public confidence that 'general practice is open' and that where clinically appropriate, face to face access to GP's is possible, must be a clear communication priority at all levels of response.
The LMC understands that the national NHS England and NHS Improvement (NHSEI) team and the BMA will be providing primary care workload prioritisation update guidance later this week.

Access service arrangements: IAGP and EH

As part of the five year GMS contract agreement in England, there were plans to merge the two access schemes from April 2021: the extended hours scheme and the extended access service that provides services in all areas on evenings and weekends. This would transfer the responsibility and funding from existing providers to Primary Care Networks (PCNs). Some PCNs already deliver both services, either individually or working together with others across their area, and have found this a way to help manage daytime workload pressures by making better use of the extended access appointments.

In view of the current focus on the Covid-19 pandemic and vaccination programme, the General Practitioners' Committee (GPC) has encouraged NHS England and NHS Improvement (NHSEI) to delay this change, unless a PCN wanted to progress with it. NHSEI has agreed, and will be writing to commissioners to say that the national transfer of responsibility will not happen until April 2022 and local arrangements should remain in place until then. They will also underline that existing local capacity can be used for Covid-19 vaccination delivery.

Post payment verification for DHSC flu vaccination

NHS Business Services Authority (NHSBSA) has been requested by NHS England and NHS Improvement (NHSEI) to deliver a national post payment verification process regarding flu vaccines for the 2020/21 season. This is to ensure that Department of Health and Social Care (DHSC) supplied and locally procured stock is correctly claimed for as was communicated through the DHSC guidance on accessing the Government-secured flu vaccines for GPs.

DWP Medical (factual) reports: A guide to completion

Guidance is available for all healthcare professionals who complete medical (factual) reports for the Department for Work and Pensions (DWP) or one of their Assessment Providers. It gives advice on how patients can be supported through the sharing of information. Read more here.

Signpost patients quickly with NHS Service Finder

GP practice teams can now use the NHS Service Finder to access accurate information when signposting patients to other local services.
You can search by keyword and location, helping you direct patients to an alternative health service that best meets their needs. Services listed include sexual health and mental health.
Registration is quick and easy and is open to anyone working in health or social care. Register with your NHSmail email address for immediate access from your computer, smartphone or tablet.
For more information, visit the NHS Digital website or email service.finder@nhs.net.

Guidance to support care homes to order medications through proxy access

New step-by-step guidance from the NHS and the Local Government Association explains how GP practices, care homes and pharmacies can set up care staff with proxy access to a resident's GP online account.
Please follow the guidance to ensure care home staff looking after your patients can order their medications online.
The guidance, linked to TPP and EMIS GP practice systems, also covers the necessary security and governance requirements.

Important changes to the Caldicott Principles

We thought you should be aware of the following changes, which will impact on the training that you provide to Caldicott Guardians. These changes result from the National Data Guardian's (NDG) recent consultation about Caldicott Guardians and Caldicott Principles, for which the outcome has now been published.
Key things you need to know

- the NDG has added an eighth Caldicott Principle.
- the wording of the existing 7 has been tweaked.
- there is now a dedicated page for the Caldicott Principles
- guidance is due to be published by the NDG in 2021 about the appointment of Caldicott Guardians.

New principle

The new principle focuses on the need to keep patients and service users informed and to ensure that their expectations are considered and met when their confidential information is used. It is about ensuring that there are no surprises for the public.

Forthcoming guidance in 2021
The guidance covers the appointment of Caldicott Guardians and will apply to all public bodies within the health and adult social care sector in England and all organisations which contract with such public bodies to deliver health or adult social care services.
It will provide flexibility for organisations where it is not proportionate to appoint a dedicated Caldicott Guardian, suggesting options/models to ensure those organisations can still have a Caldicott function. Supporting resources will also be made available for those who need to appoint a Caldicott Guardian or establish a Caldicott function within their organisations.

Find out more
You can find out more by reading the detailed consultation response, but for a higher-level summary you can access the press release and a blog by Dame Fiona Caldicott.

The next steps towards integrated care

The King's Fund's new explainer looks at NHS England and NHS Improvement's (NHSEI) proposals to further integrate health and care services and the associated proposals for legislative change.

Cameron Fund update

The Cameron Fund, which supports GPs and their dependents, has published its winter newsletter. You can read it 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 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 live for workers and practices to sign up. Please follow these links:

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

Bank Worker sign-up

Practice manager sign-up

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

Events calendar

The LMC's events calendar provides an overview of what's taking place to support local general practice.

Produced by Kernow Local Medical Committee. Copy submissions for the February 2021 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by Friday, 15 January please.

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