

February 2021 Edition

New negotiations process

Editorial by Kernow Local Medical Committee's Executive Team

Kernow Local Medical Committee and local health partners are launching a new process to help ensure workload affecting general practice is appropriate, proportionate, safe and properly resourced – benefiting patients and the workforce.

Changes in national policy and proposals for new services or changes to existing ones – which fall outside of national GMS/PMS/APMS contracts – will be considered by the LMC, local health commissioners and providers and the third sector, to look at how they impact on general practice and the wider system and can best be managed.

This collaborative gatekeeping approach, which streamlines and builds on existing operational work, will save GP practices and the wider local health system time and confusion when it comes to implementation, ensuring patients receive seamless high-quality care for their clinical needs.

Under the new negotiations process, the LMC and system partners will work together to agree, reject or suggest amendments to proposals that have an impact on GP workload or practice viability.

For example, locally enhanced services, and payments GP practices are offered to provide them, will be in a much better form once discussed and altered through the negotiating committee. Ultimately, it is up to individual GP practices whether or not to take these up, but the new approach will provide practices with an LMC RAG rating to guide the business case.

Other benefits of the new negotiations process will include greater collective recognition of intermediate care and the need to work collaboratively to close the enormous challenges of unresourced work falling to GPs.

The negotiations committee will be independently chaired and inclusive of local system partners.



The Covid oximetry service, virtual care home support and launch of covid virtual ward

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

We recently launched our primary care Covid oximetry service. This is a sats monitoring service supported by the digital health team and oversees about 50 patients a day at the moment. A number of patients have rapidly dropped their sats and been escalated to hospital for urgent review, some of whom were entirely asymptomatic where this may have been life-saving. Your GP practice should have received oximeters for patients through your Primary Care Network (PCN). They are also available at local Minor Injury Units (MIUs). Please continue to refer anyone over 65 or who is vulnerable with symptoms of Covid to the oximetry service for monitoring.

The Covid care home service is working alongside GP and council colleagues supporting a large number of care home outbreaks currently. A daily MDT supports personal protective equipment (PPE) provision and helps co-ordinate staffing through our central system bank of staff. This has been critical in helping some homes to stay open and offering additional skills in helping care homes manage high level nursing needs for residents. The virtual care home team help the staff with monitoring patients' sats or other clinical concerns.

Please contact us if you are involved in an outbreak and would like any advice or support with treatment options for patients you are seeing at Cft.virtualcovidward@nhs.net. There are slides advising about Covid treatments on the acute GP website.

If you need specialist support, please call the frailty line on 01872 252161 or specialist palliative care line on 01736 757707 as all our geriatrician and palliative consultants are available to help. Dr Stewart Smith, care home cell lead for Cornwall and the Isles of Scilly, is also happy to be contacted for advice at: Stewart.smith2@nhs.net

We have also just launched our secondary care led step down Covid virtual ward. Our digital health team will also now monitor those patients identified by the respiratory team as stable on oxygen or having weaned off but still requiring some observation who are safe to leave hospital early. These patients will remain under the care of the respiratory team until they are discharged from the virtual ward. GPs will be informed of transfer to the virtual ward on the patient's discharge summary from the acute hospital.



CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

LMC footnote:

We have queried if the Oximetry (step up/primary care-led) email contact could be configured so it does not use a 'virtual ward' step down/secondary care led stem as this is potentially confusing. CFT has confirmed that both are managed by one team, so it does need to use the same email.

Pulse oximetry guidance update

The guidance for [pulse oximetry to detect early deterioration of patients with Covid-19 in primary and community care settings](#) has been updated. Pulse oximeters can be used as a tool for patients most at risk of poor outcomes from Covid-19. It is used to identify oxygen levels and warn the patient to the risk of 'silent hypoxia' and rapid deterioration at home.

Launch of Non Site Specific cancer pathways

By Sarah-Jane Davies, Programme Manager for the Peninsula Cancer Alliance, South West Clinical Networks and Senate, NHS England and NHS Improvement

The Peninsula Cancer Alliance has launched Non Site Specific (NSS) cancer pathways in trusts across Cornwall and Devon. Patients in areas served by hospitals in Truro, Plymouth and Barnstaple now have access to a service for urgently investigating symptoms or signs that suggest cancer, but which do not fit any of the referral criteria for site-specific pathways. Areas served by hospitals in Exeter and Torbay will shortly be able to access the same service.

We know that GP suspicion of cancer is a powerful predictive tool sometimes not served well where the doctor's clinical judgement is not matched with the criteria for one of the site specific routes, and we hope that provision of this pathway will allow GPs to pull into one place the various ways in which they have been managing this patient group.

These pathways are not a suitable means of investigating people with chronic symptoms in whom the GP has a low suspicion of cancer.

To access this service, clinicians should read the [Clinical Referral Guideline \(CRG\) and Suspected Cancer Referral Forms](#). These will also be available on the formulary websites.

Supporting children's and young people's mental health during Covid

South West Academic Health Science Network (SWAHSN), in partnership with NHS Kernow, has produced online training videos for GPs and other professionals in primary care working in children's and young people's mental health. The material includes an overview from Dr Debbie Hunter, Lead Consultant Clinical Psychologist for Child and Adolescent Mental Health Services (CAMHS) at Cornwall Partnership NHS Foundation Trust (CFT). View the videos [here](#).

Secondary care use of the Integrated Clinical Environment (ICE) GP

Ordercomms

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

Feedback from GP surgeries about secondary care ICE use remains largely positive – there are, however, continuing incidents where surgery users have failed to search for a postponed request resulting in missed tests and the need to recall patients for phlebotomy.



Disappointingly, several surgery users have claimed to be unaware of the process for searching for secondary care requests, despite repeated distribution of relevant information to all surgeries and targeted user messages on the ICE homepage.

Whilst issues of this nature are to be expected during such a major process change, we would ask that 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 on: rch-tr.GPOrdercomms@nhs.net

Radiology requesting in ICE has started

Over the past year the Clinical Imaging PACS Team has worked with CITS and NHS Kernow to enable 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.

The ICE pilot finished at the end of December. Thank you to Three Spires, St Agnes and Falmouth Health Centre for their patience and feedback.

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 has started with Carnewater and Newquay Health Centre joining the Radiology ICE module. At present we are supporting practices with an open MS Teams call on the day of live rollout which has gone really well.

We would welcome any GP practices interested in becoming an ‘early adopter site’ to contact the ICE Team at: rch-tr.GPOrdercomms@nhs.net

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

LMC staff training programme 2021

By Nicky Sherry, Finance and Administration at Kernow LMC

As the early months of 2021 look exceptionally busy for you all, we felt it was better to delay the start of the staff training programme until April. It is hoped by then that we may be able to offer some face to face workshops as well as online workshops.

I am working on the programme and it should be finalised and ready to release by the end of February. The content will be much the same as it has been in the past – but please let me know if there is anything else that you think we should cover by emailing:

nicky@kernowlmc.co.uk

FOIs

The LMC is aware of two recent FOIs received by GP practices locally and nationally which are proving an unwelcome and time-consuming distraction when they are grappling with challenges like the Covid-19 vaccination programme.

The LMC and its counterparts have been pressing the General Practitioners’ Committee (GPC) to push back on FOIs from:

- Dr Margaret McCartney and Ronald MacDonald, from the University of St Andrews, who have requested a copy of practices’ gifts and hospitality registers and declaration of interests registers. They have now agreed to withdraw their request after liaising with the GPC and will be emailing practices shortly.

- A request from the Daily Telegraph's Katherine Rushton to Primary Care Networks (PCNs) and individual GP practices about learning disabilities and do not attempt resuscitation (DNARs). The GPC's Data Protection Officer (DPO) is considering the approach to take and we will communicate this when it is agreed.

Cornwall and Isle of Scilly LPC update

By Drew Creek, Operations Manager at Cornwall and Isles of Scilly Local Pharmaceutical Committee (LPC)

Cornwall and Isle of Scilly Local Pharmaceutical Committee (LPC) has undergone a restructuring of roles. Phillip Yelling, who has been the Chief Executive Officer for many years, has now stepped back into a consultancy role. Nick Kaye is now the Interim CEO and Drew Creek is the Operations Manager.

Nationally, LPCs are undergoing review, and this structure may well change again in the next six months and we will of course keep our LMC colleagues up-to date.

The LPC is assisting NHS England and NHS Improvement (NHSEI) in the rollout of a new national service, the General Practice Community Pharmacy Consultation Service (GPCPCS). GPCPCS is a service where the community pharmacy will get a fee for seeing appropriate patients after having a referral from general practice.

There are currently six GP surgeries looking at going live with this service in Cornwall – if your practice is interested in this exciting new service please contact drew@cornwallipc.org so we can help with the smooth rollout of this service.

The LPC officers are looking forward to continuing our positive working relationship with the LMC and local general practice and thank you for your continued support.

Our key contacts are:

nick@cornwallipc.org

drew@cornwallipc.org

phillip@cornwallloc.org

LMC website access for GP returners helping with Covid vaccinations

Please encourage any GP returners helping administer the Covid-19 vaccination to sign up to the LMC's website for free to access the latest guidance.

A reminder that the Training Hub is working hard to support GP returners – if you receive any direct expressions of interest, please signpost them to join the local Covid-19 vaccination workforce via: Kernowhealthcic.workforce@nhs.net Information on the training required is available [here](#).

Allergy update – including management of anaphylaxis

By Dr Siân Ludman, Paediatric Allergy Consultant, Royal Devon and Exeter Foundation Hospital Trust and Dr Nerys Beynon, Paediatric Consultant with a specialist interest in Allergy, Musgrove Park Hospital

The [Peninsula Paediatric Allergy Network](#) covers the paediatric allergy units from Cornwall up to Taunton and Dorchester. As part of our work, we are keen to engage in primary care and have developed educational vignettes in areas of allergy that frequently come up in allergy clinics.

However, with the advent of the Covid-19 vaccination scheme and two subsequent episodes of a severe allergic reaction after the Pfizer/BioNtech vaccine, we felt that our vignettes should be disseminated as soon as possible. It feels prudent to not only include information on [egg allergy and vaccination but as much information as we have on the new vaccines](#) and trusted sites to keep up to date. We also felt the piece on the [management of anaphylaxis](#) should be distributed at the same time.

We are planning further vignettes to cover chronic urticaria, cow's milk allergy and escalation of treatment for rhinitis.

Vaccination of healthcare workers

Healthcare professionals are included in the priority [list of eligible patients](#) for the Covid-19 vaccine.

A recent [survey](#) by the British Medical Association (BMA) found that 50% of locum GPs have had their first jab – there are a number of options available for any still looking to book their vaccination:

- via the practice you work with.
- via the practice you are registered with.
- through one of the CCG/Trust arranged healthcare worker vaccination hubs.
- at a mass vaccination centre.
- informally by word of mouth – for example, leftover vaccine during vaccination days.

Additionally, any healthcare staff who self-identify with their own registered GP practice should be vaccinated as per the [Joint Committee on Vaccination and Immunisation \(JCVI\) guidance](#).

Please do not decline or turn away any health and social care workers. Please consider maintaining waiting lists or signpost to other providers if vaccine availability is the rate limiting factor.

Covid-19 vaccination wastage

NHS England (NHSE) has made it clear that Covid-19 vaccines should not be wasted and sites should have reserve lists that they can use to make every effort to invite patients or healthcare professionals to ensure that they can make full use of any unused vaccines. The General Practitioners' Committee (GPC) has added a section on vaccine supply to the [British Medical Association's \(BMA\) advice webpage on healthcare worker vaccination](#) and is encouraging members to anonymously report any concerns about this via its [feedback portal](#).

There have also been some concerns about the availability of the Covid vaccine for private patients. The easiest way for private patients to access the vaccination programme is to



temporarily register with an NHS practice involved in the vaccination programme. If they have not got an NHS number, they will be provided with one as part of the registration process. The GPC would encourage practices to do this for private patients and for local vaccination sites to make the bookings. However, if a patient does not want to do this if they have ever had any contact with an NHS service they should still receive a vaccination letter via the national database.

Legal advice note commissioned by GPDF on Covid-19 vaccination programme

Following a request by a number of LMCs the General Practitioners Defence Fund (GPDF) sought legal advice on the merits of any potential legal challenge to the decision of the UK Government to change its guidance on the Covid-19 vaccination programme about how long patients should wait between vaccinations, extending the recommended window from 21 or 28 days to circa 12 weeks.

A summary of that advice is available [here](#). It is no substitute for fact specific advice.

Change in legislation allows any GMC registered doctor to administer the Covid vaccine in primary care settings

A change in [legislation](#) means doctors who offer their support in delivering the [Enhanced Service](#) (ES) Specification Covid vaccination programme in primary care settings will be exempt from the requirement to be included on the Medical Performers List.

The regulations remove previous barriers and mean that any GMC registered doctor will be able to administer the vaccine and any ancillary vaccine services under the ES Specification in a primary care setting. This change in legislation will support the rapid rollout of the vaccine.

The change in legislation supports providers in the delivery of the Covid vaccination programme, whilst retaining appropriate safeguards for patients.

Providers will need to assure themselves that all staff fulfil the competency and training requirements set out in the [National Protocol for Covid-19 mRNA BNT162b2 \(Pfizer/BioNtech\)](#). Under the protocol, the service provider/contractor is responsible for ensuring that people are trained and competent to safely deliver the activity they are employed to provide.

Any provider/contractor administering Covid-19 mRNA Vaccine BNT162b2 under this protocol must work strictly within the terms of this protocol and contractual arrangements with commissioners for the delivery of the national Covid-19 vaccination programme.

NB: This exemption is limited to medical practitioners providing care in accordance with the ES Specification for Covid vaccinations only.

New Post-Covid-19 syndrome pathway

A new local pathway has been established to support people with post-Covid syndrome. It has been developed and will be supported by a cross system team including GPs with specialist interest, the chronic fatigue service, respiratory, dietetics, clinical health psychologists, Volunteer Cornwall and other patient representatives. Read more [here](#).



Meanwhile, the Faculty of Occupational Medicine has published [guidance](#) for healthcare professionals to assist them in facilitating the return to work of people who are unable to work due to long Covid.

MDU Charging extra for Covid Vaccination Program sessions

It is disappointing that the Medical Defence Union (MDU) has chosen to charge extra premiums in the context of the vaccination program. Its argument being that more activity generates more risk of being referred to the General Medical Council (GMC). Indemnity for damages is covered by Clinical Negligence Scheme for General Practice (CNSGP) but the MDU would still provide cover for non-negligence issues.

The General Practitioners' Committee (GPC) has pointed out that the risk of professional referral for a vaccination session is vanishingly small compared to a session in general practice. The MDU disagrees.

The LMC recommends that members always check and challenge their current MDO terms, conditions and charging structure, when this important outlay becomes due for consideration and renewal.

Covid-19 PPE scheme extended until June 2021

The Government is extending the provision of [free Covid-19 personal protective equipment \(PPE\)](#) for all health, social care and public sector workers until at least the end of June. This will ensure frontline and wider public service workers can continue to access rigorously tested and high-quality PPE.

GP practices should continue to access Covid-19 PPE via the [PPE portal](#).

The British Medical Association (BMA) has also called for enhanced and more appropriate PPE to be made available to staff in all healthcare settings in a [letter to the Government's health minister for prevention, public health and primary care Jo Churchill](#), and a letter to Public Health England (PHE).

In light of the continued spread of the new more transmissible variant of Covid-19, as well as growing evidence of aerosol transmission of the virus in non-AGP settings, the BMA is determined to ensure that every doctor is properly protected with adequate and suitable personal protective equipment (PPE). The [BMA has written to Public Health England \(PHE\)](#) asking for an urgent review of their PPE guidance.

Read the BMA's updated [PPE guidance](#) and the [guidance for practices on reducing Covid-19 transmission and PPE](#).

Update on the CQC's regulatory approach

The Care Quality Commission (CQC) has written to all clinical commissioning group (CCG) primary care leads and NHS England and NHS Improvement (NHSEI) regional directors confirming that it will only inspect GP practices in response to significant risk of harm and when it cannot seek assurances through other routes. If an inspection is necessary, it will carry out as much activity off-site as possible. Full details are available [here](#).

Covid-19 Workload Prioritisation Unified Guidance

The British Medical Association (BMA) and Royal College of General Practitioners (RCGP) have updated their joint [guidance](#) on how GP practices can prioritise their workload during the Covid-19 pandemic.

Communicating with people with a learning disability and autism, dementia and mental health needs

This [guidance](#) has been assessed to identify potential equality impacts of the Covid-19 pandemic on people with mental health needs and a learning disability and autistic people. It is acknowledged that such patients who contract Covid-19 may require reasonable adjustments.

Pre-registration for offenders leaving prison

The contractual requirement of the [General Medical Services \(GMS\) Contract 2017/18](#) (page 64) to accept patients from the secure estate prior to their release has increased importance during the Covid-19 pandemic. Among other benefits, pre-registration may help the smooth rollout of the Covid-19 vaccine. For individuals leaving the secure estate between the first and second doses of their vaccination who have been registered with a community GP, their GP record will be updated with their vaccination status.

GP practices are asked to ensure that processes are in place to meet this contractual requirement, with information on how to do this [here](#).

Covid-19 waste management

The [standard operating procedure](#) for waste management in all healthcare facilities, including primary care and testing, has been updated.

Fit notes (med 3)

GPs are reminded that they are still required to issue fit notes (med 3) as normal. There are specific scenarios relating to Covid-19 where patients can use the isolation note service, instead of seeing a GP, as outlined below. Please do not signpost patients to NHS 111 to get a fit note as they are not provided by the service.

During the pandemic the Department for Work and Pensions (DWP) is encouraging employers to use their discretion as to what medical evidence is required to support periods of sickness absence.

Previously advice was issued on issuing fit notes (med 3s) remotely during the pandemic, which remains in place until further notice. A properly signed and scanned fit note sent via email to the patient will be regarded as 'other evidence' and will be accepted by DWP for benefit purposes. Not signing fit notes can mean that they are rejected by employers and DWP, so the General Practitioners' Committee (GPC) has been asked to remind GPs that fit notes must be signed. The original hard copy does not need to be retained if there is an electronic copy of the fit note in the medical record.



If the patient is unable to receive their fit note electronically, they will be required to collect a hard copy from the GP practice or it will be posted to them, at the practice's discretion.

Isolation note service:

The isolation service does not provide fit notes (med 3s). It is an automated service that can be used to provide evidence of the need to self-isolate by those who:

- Have symptoms of coronavirus.
- Live with someone who has symptoms of coronavirus.
- Are in a support bubble with someone who has symptoms of coronavirus.
- Have been told to self-isolate by a test and trace service.

It can be used to cover continuing periods of isolation if patients still have symptoms or develop new symptoms following their initial isolation period.

GP contract agreement 2021/2022

The General Practitioners' Committee (GPC) has negotiated minimal updates to the GP contract 2021/22 – whilst the significant increases in planned funding remain – to give GP practices support and stability during the coronavirus pandemic.

Some of the changes will be implemented throughout 2021/22 depending on the pandemic and will be agreed later in the year. Practices will then be provided with adequate time to prepare.

Full details of the deal are available on the GPC's [website](#), including [a letter to the profession](#) from the GPC and NHS England and NHS Improvement (NHSEI).

In summary, from April:

- Funding increases previously agreed will be honoured.
- Funding increase to global sum to allow a 2.1% uplift in pay.
- The Quality Outcomes Framework (QOF) will be largely the same as for 2020/21 with some amendments to the cancer and severe mental illness (SMI) domains to assist with the impact of the pandemic, and changes to vaccinations and immunisations as previously planned to continue with the move to an item of service payment arrangement for childhood vaccinations – these will see additional funding go into QOF.
- Quality Improvement (QI) modules from 2020/21 to be repeated and slightly amended.
- The core digital offer to patients has been defined, largely based on how practices are already operating due to the pandemic.
- New Additional Roles Reimbursement Scheme (ARRS) roles will come on stream, with additional funding being made available to enable mental health practitioners to be part of the Primary Care Network (PCN) workforce.
- Investment and Impact Fund (IIF) 2020/12 indicators will remain unchanged. GPC and NHSEI will have further discussion on other planned indicators for 2021/22, using the additional investment to the IIF.
- No new PCN service specifications from April (will be phased in later in the year with dates to be agreed depending on the pandemic), and current PCN services to receive minor amendments.

- GPC and NHSEI will discuss the introduction (in-year) of a new enhanced service related to obesity and weight management.

The LMC will share further guidance with local GP practices in due course when it is provided nationally.

Outcome of the national PCN DES ballot

You will recall that local GPs were encouraged to take part in a crucial national vote which will impact on the future of the Primary Care Network Directed Enhanced Service (PCN DES).

The recent LMC England Conference passed a resolution for the General Practitioners' Committee (GPC) to seek a mandate on the PCN DES before continuing with negotiations on the extension of the DES for 2021/22.

The GPC has announced that voting has closed and the results have been validated and verified.

Outcome: Yes: 80% (3,619 votes)
 No: 20% (915 votes)

The result provides a clear mandate from the profession for the PCN DES and the GPC will therefore continue to negotiate on this, seeking improvements and further developing it, as part of the whole GP contract, for the benefit of practices and patients.

Domestic abuse letters

The General Practitioners' Committee (GPC) believes that there is no need for medical involvement in the process for gaining access to legal aid for domestic abuse victims. The GPC feels that such requests can compromise the relationship between doctor and patient and that legal aid agencies should take the word of victims without needing to consult a GP – who themselves may not be best placed to confirm whether domestic abuse has occurred. This is a position the GPC continues to make clear through its input into the Government's ongoing [review into bureaucracy in General Practice](#).

While these letters are not funded by the NHS contract and GP practices can charge patients a fee for their completion, the GPC recommends that they do not. Ultimately, however, this is at the GP practice's discretion.

Recording of ethnicity information

It is now a contractual requirement for GPs to record patients' ethnicity information in their patient record if that person, or someone authorised on their behalf, chooses to share it. The information, which is optional and does not affect registration, should be recorded in coded form using the available categories, which include 'prefer not to say'. The GMS and PMS Regulations amendment is available [here](#).

Access to national workforce supply routes for PCNs

New [guidance](#) sets out detailed instructions which Primary Care Networks (PCN) need to access the national workforce supply routes, on the following:

- overall approach to workforce capacity planning for Covid-19 vaccination.
- roles and responsibilities of organisations within the proposed workforce deployment model.

- additional workforce that may be available from national workforce supply routes, including the proposed drawdown approach.
- onboarding and engagement arrangements, including indemnity and insurance.

Allied Health Professional Implementation Guidance

NHS England and NHS Improvement (NHSEI) has published the [Allied Health Professional \(AHP\) Implementation guidance for Primary Care](#).

Given that systems will be thinking about recruitment, numbers and employment methods for AHPs at different periods throughout the next year, we wanted to make this publication available to you as soon as possible.

The guidance includes:

- Employment options within the DES Additional Roles Reimbursement Scheme (ARRS).
- Example job descriptions.
- Training requirements and expected skill sets.

PCN Clinical Director support payments

In recognition of the role of Primary Care Network (PCN) Clinical Directors in managing the Covid-19 vaccination response, and other work, PCNs will receive additional funding for January to March 2021 – instead of 0.25 whole time equivalent (WTE) they will receive payment for 1 WTE.

Enhanced health in care homes

The Care Provider Alliance and NHS England and NHS Improvement (NHSEI) have published a guide for care homes on the enhanced health in care homes (EHCH) service. The [guide](#) includes advice for care home managers on how to work effectively with their Primary Care Network (PCN) Clinical Lead to ensure the health of their residents is improved.

NHS e-Referral Service: new functionality to convert an advice and guidance request to a referral

The NHS e-Referral Service (e-RS) is planning to introduce new functionality which will affect both referrers and providers. This will allow providers to convert an advice and guidance request to a referral, where authorised. Creation of new Application Programming Interfaces will allow provider systems to:

- take an advice and guidance conversation into a patient's hospital record.
- manage an advice and guidance conversation from within the provider's own system.
- convert an advice and guidance conversation from within the provider's own system.

The LMC is awaiting an announcement about the go-live date, but believe it is imminent. In the meantime, more information is available [here](#).

NHSEI legislative proposals on Integrated Care Systems

The British Medical Association (BMA) has responded to new legislative proposals put forward by NHS England and NHS Improvement (NHSEI), which would see Integrated Care Systems (ICSs) made statutory bodies and could dramatically alter the role of clinical commissioning groups (CCGs).

In the [response](#), the BMA is critical of the manner in which the consultation has been carried out and the potential implications of the proposals which, it believes, are currently incapable of delivering the integrated and collaborative NHS that staff and patients need. The BMA also sets out where it believes further changes have to be made – both to the proposals and to the present system itself – including highlighting the need for strong clinical voices within ICSs and for the NHS to be made the preferred provider of NHS services. The BMA has been clear about the fundamental importance of the independent contract system for general practice and of the role of LMCs as the representative of all GPs in an area.

The response is now available on the BMA website [here](#) and should you have any questions about it, or the proposals themselves, please contact: info.policy@bma.org.uk

Meanwhile, the Healthcare Foundation – a national health think tank – considers the key issues the recent proposed changes to NHS structures and legislation raise for Primary Care Networks (PCNs). Read more [here](#).

Latest on new national representation for PMs

The Institute of General Practice Management (IGPM) – the first national organisation of its kind to represent and support Practice Managers or equivalent – has just been formed and you can hear an update on membership, accreditation, who its supporters are and what it wants to achieve in a new videocast [here](#).

You may wish to look into the potential benefits of joining this new body – the terms of reference are being finalised – and you can sign up for the IGPM's newsletter [here](#) to be kept up to date. You can also follow on Twitter at [@TheIGPM](#)

The IGPM is also looking for expressions of interest to become a regional or national representative. Please send your CV to info@igpm.org.uk and include a cover note about why you would be a good person to lead your region or nation.

The LMC welcomes the IGPM and is very keen to support this new professional association.

CQC myth-busters

The Care Quality Commission (CQC) has updated its myth-busters on:

[Vaccine storage and fridges in GP practices](#)

[Online and video consultations and receiving, storing and handling intimate images](#)

[Accessing medical records during CQC inspections](#)

[Emergency medicines for GP practices](#)

Pensions – new type 2 form deadline reminder for locums

The 2019/20 type 2 self-assessment form is now available on the [NHS Pensions website](#).

Remember, the submission deadline is approaching on 28 February.



Payments during suspension

The General Practitioners' Committee (GPC) is aware of a case where a GP has been asked to refund to the NHS a significant sum of money, that had allegedly been wrongly paid during a period of suspension. The payment was made under the [Secretary of State's Determination: Payments to Medical Practitioners suspended from the Performers List](#) and there is nothing to suggest the interpretation of the Determination by NHS England and NHS Improvement (NHSEI) was anything other than correct. However, the original payment was mistakenly made on the GP's profits and not their drawings. The Determination sets out that entitlement is based on an individual's normal monthly payments where they practise as an individual and in the case of partnerships, 90% of the normal monthly drawings from the partnership account. NHSEI was correct in the re-interpretation of the Determination, payment is based on drawings not profit, often a much lower sum, but not the one on which tax is payable. It has been suggested this amounts to discrimination against contractors when compared to other GPs and hospital doctors.

The purpose of this update is to ensure members are aware of the consequences of this interpretation and the impact it might have on them if they receive payments when suspended.

Appointments in general practice

New national data from NHS Digital shows the incredible achievement of general practice in delivering an increase of around 170,000 appointments in December 2020 compared to December 2019, in addition to launching and running the expanded flu programme and the Covid-19 vaccination programme. Read more [here](#).

Latest jobs in local general practice

The latest practice vacancies – including GP and practice manager roles – are available on the jobs page of the LMC's 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.



CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

Produced by Kernow Local Medical Committee. Copy submissions for the March 2021 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by Wednesday, 17 February please.

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