



March 2021 Edition



Optimism after Ground Hog Day

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

Ground Hog Day is celebrated in the USA on the 2nd of February. Its premise is supposed to allow us to know if spring is on the way. In our house, at least, this has been superseded by the film of the same title starring Bill Murray and Andie MacDowell from 1993. In the film Bill Murray is fated to wake up and repeat the same day of his life over and over again.

I have to admit currently with lockdown, home schooling, remote consulting and the seemingly endless Covid-19 vaccination programme that's how my life feels like at this time – the weather seemed to be playing its part as well with easterly storms battering the coasts over and over again.

As I write this, however, the sun has broken through and the storm has ended and Boris has given us his roadmap out of lockdown with daily updates of the millions who have been vaccinated. In Cornwall, our vaccination programme continues as we strain every sinew to deliver our part of the national effort and I can't help but feel a little more optimistic.

So here's to a brighter and (gradually) more sociable spring – and to the 21st June when the pubs open again (only 77 days 1 hour and 59 minutes at the time of writing, but who's counting?)

Kernow LMC motions for the UK LMC Conference

Kernow LMC has submitted several motions for potential debate at the forthcoming General Practitioners' Committee (GPC) UK LMC Conference on 12 and 13 May on behalf of local general practice.

Motions carried will help to shape future national policy in the profession. View the LMC's motions – which cover key themes including workforce, pensions, prescribing and digital technology – [here](#).

Appraisal update

By Dr Sarah Keast, Kernow LMC Committee Member and Local Appraiser

Changes in the appraisal and revalidation process – secondary to the Covid-19 pandemic – have caused confusion for some GPs, so here is a summary of the key information:

Participation in appraisal: Appraisals were suspended in the South West from April-Sept 2020. In October appraisals restarted in a revised format (wellbeing focus/light touch). There is a more permissive approach to opting out with an approved missed appraisal on request. It is now only 30 minutes preparation time, and with an emphasis on support, so hopefully

most doctors will still feel able to engage. Opting out requires contact with the appraisal team to request this.

Forum/Location: Remote and visual: Teams is preferable (best meets NHS information governance requirements) but other forums such as WhatsApp/Zoom/Facetime/Skype can be used. There are no direct face to face or telephone appraisals.

Revalidation date: Some dates have been put back to allow time to be 'revalidation ready'. If revalidating between 17/3/2020 and 16/3/2021 it was put back one year. Revalidation went ahead anyway for some who were ready, so for those GPs it will be six years until the next revalidation. There is no minimum number of appraisals for revalidation, so some GPs may have missed a fifth appraisal but still be revalidated. For those not revalidation ready (usually an outstanding PSQ/MSF) then this extra year gives time for this. If revalidation is due from 17/3/21-31/7/21 then the date has been moved forward by four months.

Appraisal documentation: There is a new (shorter) template for use in the pandemic. Toolkits – Fourteen Fish and Clarity have incorporated this template. If the doctor uses MAG they need to attach the template to the toolkit and complete the basic details (name, place of work) and the health and probity statements that are needed to sign the MAG off.

PDP: The pandemic has altered PDP plans for many. This will not prevent successful appraisal or revalidation.

CPD and QIA: We still need to be doing adequate and appropriate CPD and QIA for our roles. This is not a fixed number of hours (50 is a guide). We do not need written details of learning activities, but should be able to verbally discuss what we've done at the appraisal. A best estimate of hours done in the last year can then be calculated. For those who have kept written records then this is welcomed and reviewed as previously. To enable safe working and adaption to the pandemic then most GPs will have done appropriate CPD and QIA.

Mandatory training eg BLS and safeguarding. This is not essential for successful appraisal or revalidation, but your appraiser is likely to question if you are up to date. With pandemic priorities and face to face activity difficult then remote/e-learning is an acceptable alternative, or it could be added to your PDP for next year.

Complaints and SEA: It remains good practice to address these and discuss at the appraisal.

MSF/PSQ: These are still required for revalidation. If it has not been possible before the final appraisal before revalidation, then a request to the appraisal team usually results in a deferment of the revalidation date (usually four months but it can be longer). The PSQ is more difficult to achieve with remote consultations. The main providers (Fourteen Fish, Clarity, GPTools, CFEP, Edgescumb) have developed online versions for these. Benchmark comparisons are limited and different providers have different minimum numbers of patients you need to get feedback from. Patients can be invited to complete these via a link either by the PSQ provider (which requires disclosure of patient contact details), or by the doctor, or their practice (by SMS or email). Your workplace setting (eg OOH/regular practice/locum) may influence how you do it. In any setting support from your organisation for the process is important because of the data implications and obviously patient consent to be contacted essential too.

4th year Appraisers: Generally, the appraisal team are trying to keep GPs with their appraisers for four years rather than the usual three for this coming year. If this is a concern then best to address with the appraisal team.

The Appraisal website is very informative: www.gpappraisals.uk

Email to contact the appraisal team: england.gpappraisalsw@nhs.net



Peninsula Cancer Alliance scheme to improve skin cancer referrals

The LMC has received queries from local GP practices asking if it is compulsory to use dermatoscopes provided by the Peninsula Cancer Alliance as part of its scheme to improve skin cancer referrals to dermatology – and to take pictures and upload them to the clinical record.

The LMC can confirm that GP practices will get a free dermatoscope and free training which they can use and take up if they want – or not. It is also optional for GP practices to include pictures with all dermatology referrals.

LMC Staff Training Programme 2021

By Nicky Sherry, Finance and Administration at Kernow LMC

The LMC's Staff Training Programme for this year has now been confirmed.

We have delayed rolling it out until April due to the Coronavirus pandemic and will hold all the sessions online until after 21 June.

We have changed the booking system to simplify the process. To book onto the workshops, please email me at nicky@kernowlmc.co.uk with the details, delegate name, email address and workshop details and I will then raise an invoice to the GP practice concerned, which will be the booking confirmation. The invoice will need to be paid before the workshop takes place. The usual conditions apply.

The cost of each workshop is £60 for a full day (9am-4pm) and £40 for a half-day (9am to 12.30) – both for online and face to face when we can deliver them.

Here is the programme – there will be further additions during the year:

- Tues 20/4/21 – Introduction to Primary Care, online, all day
- Tues 27/4/21 – Medical Terminology, online, all day
- Tues 11/5/21 – Medical Terminology, online, all day
- Thurs 20/5/21 – Handling Complaints, online, morning only
- Thurs 17/6/21 – Telephone Techniques, online, morning only
- Tues 22/6/21 – Coding and Summarising, f2f, all day
- Tues 6/7/21 – Dealing with Violent Patients, f2f, morning only
- Tues 20/7/21 – Medical Terminology, f2f, all day
- Thurs 9/9/21 – Appraisal Skills, f2f, all day
- Weds 16/9/21 – Assertiveness and Interpersonal Skills, f2f, all day
- Tues 28/9/21 – Introduction to Primary Care, f2f, all day
- Tues 12/10/21 – Medical Terminology, f2f, all day
- Thurs 11/11/21 – Handling Complaints, f2f, morning only

If there is anything you would like to see added, please email me with your suggestions.

Pathway Transformation Funding opportunities

Local GP practices and Primary Care Networks (PCNs) can bid for significant resources from the Pathway Transformation Fund (PTF) to increase adoption of the following Rapid Uptake Products (RUPs):

- Lipid Management: High Intensity Statins, Ezetimibe and PCSK9 inhibitors.

- Measuring fractional exhaled nitric oxide (FeNO) concentration in asthma: products NIOX VERO and NObreath.
- Biologics for treating severe asthma: Reslizumab, Benralizumab, Mepolizumab and Omalizumab.

Up to £250,000 in funding is available for each of the RUPs to be spent in a 12-month period and can be used for:

- Support set-up costs such as training and accreditation of staff.
- Pathway redesign and/or business support expertise.
- Providing funding for specialist nurses and clinical staff needed to implement a new part of the procedure.
- Covering double running costs.
- Capital costs.

The South West Academic Health Science Network (SWAHSN) can support you with your application. The closing date is 30 April, 2021. More information is available [here](#).

New to Practice Fellowship Programme – Cohort 2

Cornwall Primary Care Training Hub is accepting registrations for cohort 2 of the New to Practice Fellowship programme. The programme is open to all GPs and practice nurses that have qualified in the last 12 months and is designed to provide protected time for support by way of educational seminars, peer support, mentoring and CPD.

There is funding provided to employing practices on a pro-rata basis for attendance at sessions and events.

For more information and to register for the next cohort please contact kernowhealthcic.workforce@nhs.net or visit the [website](#).

Radiology requesting in the Integrated Clinical Environment (ICE)

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

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 rollout has started and GP practices that are live with Radiology ICE are: Three Spires, St Agnes, Falmouth Health Centre, Carnewater Practice, Newquay Health Centre, Chacewater Health Centre, Manor Surgery, Clinton Road Surgery, Fowey River Practice, Brannel Surgery St. Stephen.

Coming over to ICE in February and March; Penryn, Carn to Coast, Narrowcliff, Praze, Perranporth, Bodriggy Health Centre, Cape Cornwall, Bottreaux, Trecobas, St Austell Health Group, Wadebridge and Camel Estuary Practice, Portscatho.

We are supporting GP practices with an open MS Teams call on the day of live rollout, which has gone very smoothly. Surgeries that have adopted Radiology ICE are finding the Radiology side quick and easy due to already having a good understanding of Pathology ICE.

Thank you to all the sites that have gone live so far. This is an exciting change and will see an improvement in appointment turnaround times and accuracy of data/report return.

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



Needle stick injury support for primary care in the South West

A reminder that the contact number for Heales Medical for needle stick injury advice for primary care staff is 03333 449 006. More information is available [here](#).

Minor Eye Conditions Service

Devon Local Optical Committee would like to remind GP practices in East Cornwall about the criteria for patients to access the Minor Eye Conditions Service (MECS) provided by Derriford Hospital. More information is available [here](#).

Vitamin D and care homes guidance

You will be aware that the Department of Health and Social Care (DHSC) has directly provided a four-month supply of vitamin D supplements to care home residents this winter. Some care homes have been contacting GP surgeries with lists of patients, wanting a doctor's approval for patients to take these supplements. You will be pleased to know that there is no need for a GP to be involved in this, unless very specific criteria are reached. [This document](#) should help, but in summary, there is a list of contraindications within it. If a care home is satisfied that the resident has none of them, they should administer the supplements. Equally, if they are aware that a resident does have one or more contraindications, then they should not administer the supplements. Neither group requires a medical professional to be informed or to approve this decision.

If there is a lack of clarity, then the care home should raise it at the resident's next routine appointment with their GP or health professional. This might mean raising it at the care home MDT, or a specialist appointment, or at the patient's next GP appointment, but in all cases does not require a specific call or new contact with the surgery about only this issue. Feel free to share this with your care homes as needed.

Additional funding for vaccinating housebound patients

The General Practitioners' Committee (GPC) has been pushing NHS England and NHS Improvement (NHSEI) to recognise the additional work involved in providing housebound patients with Covid-19 vaccinations.

The GPC has confirmed NHSEI will now pay an additional supplement of £10 per visit to a housebound patient to administer Covid-19 vaccinations. This supplement is on top of the £12.58 Item of Service fee. If a Primary Care Network (PCN) grouping or community pharmacy contractor administers vaccinations to a housebound patient at the same time as vaccinating other members of the household who are currently eligible for vaccination, only one £10 supplement per visit can be claimed. The £10 supplement applies retrospectively to any first dose vaccinations that have taken place since 14 December, 2020, in line with this [criteria](#) and will also apply to second dose vaccinations that take place in line with these arrangements.

Second doses

[Chapter 14a \(on COVID-19\) of the 'The Green Book'](#) has been updated for patients due to start immunosuppressive treatment, so that for example, if prior to cancer the patient has had therapy or a solid organ transplant they could be offered a vaccine prior to starting

treatment, if clinically recommended. This includes potentially having the second dose at three or four weeks after the first.

The General Practitioners' Committee (GPC) recently raised with NHS England and NHS Improvement (NHSEI) the need for practice sites to be able to start planning giving second doses by booking appointments. Local Vaccination Service (LVS) sites were recently sent a message about the scheduling about preparing for the second dose vaccination clinics for cohorts 1-2 which should go live as of week commencing 1 March, 2021. The allocated quantity of vaccines will be based on quantity of first dose delivered by site (full pack unless a pack-down option was provided). The second dose clinics will take place 11 weeks post first dose clinics, so the 12 week lead time between doses is achieved. Practice sites should have been provided with scheduled delivery day of second dose volumes and are asked to schedule clinics up to the end of March once delivery schedule by day has been communicated.

The GPC also believe it would be reasonable for GP sites to now give all those patients who have received the AstraZeneca vaccine an appointment for a second dose, and to do this for these patients when the first dose is given to reduce the workload involved in contacting patients at a separate time.

Covid-19 vaccination programme – Cohort 6

NHS England and NHS Improvement (NHSEI) has published a [letter](#) about the additional steps being taken to support the vaccination of adult carers and individuals added to the shielded patient list as a result of the Covid-19 Population Risk Assessment (QCovid[®]). The letter also includes information on the availability of the national booking system for these groups.

Alternative point of care systems available

NHS Digital has confirmed that new assured point of care systems for recording Covid-19 vaccinations are being made available soon for your GP practice which can be used as an alternative to Pinnacle. This provides greater choice and reduces reliance on any one supplier.

As currently happens, all the data will flow into the GP record within 48 hours.

Find out more information on [assured point of care systems for the coronavirus vaccination](#).

Vaccination record query helpdesk

A new Covid-19 vaccination information web resource and helpdesk has been set up for practice managers to help you find out answers to questions about records of vaccinations. Find out [how Covid-19 vaccinations are recorded, how long it takes, common errors or difficulties and how to get help](#).

Freeing up practices to support Covid vaccinations

NHS England and NHS Improvement (NHSE) has published [more information](#) about freeing up GP practices to support the Covid-19 vaccination programme.



Covid-19 Clinical Risk Assessment Tool (QCovid)

A [new online tool](#) that can help clinicians better understand how at-risk a person may be to being admitted to hospital or dying as a result of being infected with coronavirus is now available. The Covid-19 Clinical Risk Assessment Tool is powered by [QCovid®](#), a coronavirus risk prediction model created by the University of Oxford.

Clinicians can use the tool to risk assess individual patients or review those added to the [Shielded Patient List \(SPL\)](#) as part of the [Covid-19 Population Risk Assessment](#). There is though no requirement or expectation for practices to validate the latest update to the shielding list following the application of the QCovid tool.

There are some instructions for individuals and organisations to follow [before using the tool](#), including the requirement for a Data Protection Impact Assessment (DPIA) and privacy notice in place that covers the tool's use. A template [DPIA](#) and [privacy notice](#) have been provided to support you to do this.

Following concerns about the inclusion of some codes relating to gestational diabetes, NHS Digital has published specific guidance on gestational diabetes on their [Covid-19 Population Risk Assessment](#) page. This page also has a lot of detail about the development of the risk assessment tool and it has information about how patients can get more information if the page does not answer their questions (email risk.strat.spl@nhs.net). The Royal College of General Practitioners (RCGP) has also developed a [flow chart](#) to support GPs when considering risk for patients with a history of gestational diabetes.

Updated BMA Covid risk assessment tool

The British Medical Association (BMA) has updated its [Covid-19 risk assessment tool](#). This can help you to quantify your biological risk and should be used to facilitate your work-based risk assessment. It does not replace the need for a comprehensive risk assessment that employers must undertake in addressing the risks posed by Covid-19. Read the BMA's full guidance [here](#).

Vaccine information – resources in community languages

NHS England (NHSE) has produced [videos](#) of clinicians recording messages in some of the most commonly spoken languages to help ensure communications about the importance of getting a Covid-19 vaccine are clear for all.

Thank you to everyone involved in the Covid-19 vaccination programme – GPC letter

Dr Richard Vautrey, Chair of the General Practitioners' Committee (GPC), has written to General Practice praising its significant role in the delivery of the Covid-19 Vaccination Programme. Read the letter [here](#).

Protection for healthcare workers

The British Medical Association (BMA) has [co-signed a coalition letter to the Prime Minister](#) which escalates its concerns about protection for healthcare workers – asking for a more precautionary approach.



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Monthly newsletter for the Duchy's GPs and practice managers

This follows [a BMA letter in January to PHE](#) and [associated comms](#), as well as work it has done with others to date, including the Royal College of Nursing (RCN), the [AGP Alliance](#), and the [Shadow Health Secretary](#). The BMA also [sent recommendations directly to Trusts in England](#).

Staff with long Covid

Clinical Commissioning Groups (CCG) should now have fully allocated their share of the £150million funding to GP practices to maintain capacity in general practice. This funding can be used when staff are off sick with Long Covid, both for paying extended sick leave for staff that are off with Long Covid and to fill any shortfall to maintain a service when staff are off sick.

New Digital Technology Assessment Criteria

NHSX has launched new Digital Technology Assessment Criteria for health and social care to give clinicians, staff and patients confidence that the digital health tools they use meet its clinical safety, data protection, technical security, interoperability and usability and accessibility standards. Read more [here](#).

Presentation slides from the GP Contract webinars

The General Practitioners' Committee (GPC) has made the presentation slides available from its recent GP contract 2021/22 webinars. You can view the slides [here](#). The recordings of the webinars will be available on the British Medical Association (BMA) website shortly.

Reporting collections to ensure payments

Quality and Outcomes Framework (QOF) achievement information will be collected from Thursday, 1 April to Friday, 2 April but you need to check you are participating in the QOF process prior to this date by clicking on [the participation management tab in Calculating Quality Reporting Service \(CQRS\)](#) and selecting My Services.

This data will be transferred to CQRS which will complete calculations over the Easter bank holiday and make them available for you to check and validate on or before Wednesday, 7 April.

2021/22 influenza season – vaccine reimbursement and ordering

NHS England and NHS Improvement (NHSEI) has provided details of [flu vaccine reimbursement and ordering for the 2021/22 season](#).

The vaccines recommended for use are:

- Those aged 65 years and over: aQIV or QIVc (where aQIV is not available)
- At-risk adults, including pregnant women, aged 18 to less than 65 years: QIVc or QIVe (where QIVc is not available).

GP practices should read the guidelines and submit vaccine orders as soon as practical.



New to Partnership Payment Scheme

The New to Partnership Payment Scheme was launched in England in July 2020 (backdated to April 2020). About 400 applications have been approved so far and many more are currently being processed. NHS England and NHS Improvement (NHSEI) has now finalised the S96 contract for GMS practices, which forms the agreement between the practice, the new partner and NHSEI. This contract has been agreed with the British Medical Association (BMA). Contracts are now being sent out to applicants from GMS practices to sign and seek their partners' signatures, within four weeks. The funding will then be released to the GP practice to pass onto the new partner. Contracts for PMS practices are expected to follow shortly. This will now speed up the process and hopefully encourage even more new partners to apply for the scheme.

To make the application process more straightforward NHSE has developed an [application portal](#) which can also be used for processing payment claims once people are registered on the scheme.

Read the BMA's [guide](#) to applying for the GP partnership scheme, which will help you navigate the application process.

Changes to the NHS Pension Scheme regulations

The Department of Health and Social Care (DHSC) is consulting on proposals to change NHS Pension Scheme regulations.

Proposed changes include ensuring that payments and allowances under the New to Partnership Payments Scheme are treated as non-pensionable earnings.

More information about the consultation – and how to take part – is available [here](#). The consultation closes on 8 April, 2021. The LMC will be seeking to respond on behalf of Cornish general practice – our thanks to those who have submitted their views to us already. Please feel welcome to share any further views by close of business Monday, 22 March, 2021.

Find out how to join new representative body for PMs

The Institute of General Practice Management (IGPM) – the new and only representative organisation for Practice Managers – will be holding a webcast to run through how you can become a member and progress since its recent formation. Kernow LMC is keen to support this excellent initiative.

The event will take place on Wednesday, 3 March, from 1pm. You can register [here](#).

Improvements to the advice function on NHS e-Referral service makes referring easier

Following feedback from GPs and consultants, NHS Digital has improved the NHS e-Referral Service (e-RS). These improvements will give GPs and consultants a simpler process to make referring easier and improve patient care.

Provider clinicians can now turn an advice conversation directly into a referral, making it easier and quicker for busy clinicians to use the e-RS service.

Further changes towards the end of March will also allow the advice and guidance function to be integrated into provider systems so that conversations can be directly embedded into the patient's medical record and clinicians do not have to switch between systems to seek advice from each other. Read more [here](#).

Updated GMC guidance on prescribing

The General Medical Council (GMC) has published updated [guidance on prescribing](#) to support doctors who are increasingly seeing patients via remote and virtual consultations. Key updates include:

- New advice for doctors not to prescribe controlled drugs unless they have access to patient records, except in emergencies.
- Stronger advice on information sharing, making it clear that if a patient refuses consent to share information with other relevant health professionals it may be unsafe to prescribe.
- Alignment with the GMC's updated decision making and consent guidance, highlighting the importance of good two-way dialogue between patients and doctors in all settings.

Dispensing Services Quality Scheme – end of year arrangements

NHS England and NHS Improvement (NHSEI) wish to apologise for a discrepancy in the information provided recently about the Dispensing Services Quality Scheme (DSQS) – and can confirm that the requirements of the DSQS for 2020/21 as per the letter to GP Contractors dated 4 September, 2020, stand.

The email from NHSEI mistakenly advised there was no requirement for an audit to be completed during 2020/21 – this is not the case.

NHSEI offer its sincere apologies for the confusion and inconvenience that its communication on 3 February, 2021, created.

Social prescribing link worker extension to recruitment support

Last August, 340 Primary Care Networks (PCNs) responded to an offer of short term funded support for the costs of recruiting additional social prescribing link workers. This was in recognition of the role that link workers are playing in the primary care Covid-19 pandemic response. The [deadline](#) for the recruitment to be completed was originally 31, January 2021 – but this has now been extended to 26 March, 2021.

Network Contract DES: Additional Roles Reimbursement Scheme claims

The manual [claim form](#) for the Network Contract DES Additional Roles Reimbursement Scheme (ARRS) has been updated to allow for claims for February-March, 2021.

An online portal and claim form were launched in December 2020. From 30 March, 2021, all claims must be made through the portal. Information and guidance are available on the FutureNHS workspace. Claims must be submitted to the commissioner for review and approval within a month of arrears. Commissioners must ensure that local processes are as straightforward as possible.

PCN Business Manager Workshop – 11 March from 1:30-4:30pm

This virtual workshop is an opportunity for Primary Care Network (PCN) Business Managers in the South West to hear about the latest changes to the 2021/22 Network DES, share good practice and support each other to plan for effective local implementation.



There will be a session dedicated to population health and demonstrating how PCNs can source and make use of up to date data, including a run through of the network dashboard. A further interactive session will look at how PCN Business Managers can work effectively across their network practices.

The sessions will be delivered through a mixture of presentations, group work and plenary discussions, with time allowed for virtual networking. You can book [here](#).

Reducing health inequalities in PCNs

NHS England and NHS Improvement (NHSEI) supported the Health Creation Alliance to explore through a series of workshops how Primary Care Networks (PCNs) can take action to address health inequalities and build health creating partnerships with people and communities. [This report](#) highlights the actions that can be taken and approaches that can support health creation through effective PCN partnerships.

Daily Telegraph Learning Disability numbers: FOI

Local Primary Care Networks (PCNs) and individual GP practices will recall receiving an FOI recently from the Daily Telegraph about learning disabilities and do not attempt resuscitation (DNARs).

This has proved a distraction when they are grappling with challenges like the Covid-19 vaccination programme. The LMC and its counterparts around the country have been pressing the General Practitioners' Committee (GPC) to push back on this FOI.

The GPC has been advised that GP practices may wish to respond to this FOI to say that the QI modules have been deprioritised and income protected and link to the relevant [NHS England and NHS Improvement \(NHSEI\) letter](#) (therefore the data is incomplete/inaccurate because of the changes made to support practices in managing the pandemic) and ask if the reporter still wishes to receive this data. This does not absolve GP practices of their responsibility to provide the data requested.

If the reporter still wants the data, then GP practices do have to provide it. GP practices do not have to create new information to satisfy an FOI request (ie they don't have to do the QI module in order to provide the info). If the data can be ascertained from existing data then GP practices must provide it, but they might want to give some additional information to provide context (eg reviews have not been carried out for all patients as this work has been deprioritised by NHSEI for most of the year).

If identifying the information and creating the response would be over the appropriate threshold of 18 hours work then the FOI can be politely rejected.

New CQC myth-busters

The Care Quality Commission (CQC) has updated some 'myth-busters' to clear up some common misconceptions about inspections of GP services and to share guidance and best practice. They are:

[Registration and treatment of asylum seekers, refugees and other migrants](#)

[Infection prevention and control in General Practice](#)

[Physician associates in general practice](#)

[Immunising people with an underlying medical condition](#)

[The Adult Trans Care Pathway](#)

NHSPS service charges dispute

The British Medical Association (BMA) supported five GP practices to bring a legal challenge against NHS Property Services (NHSPS) to try to clarify the legal basis for NHSPS's dramatic increases in how service charges are calculated.

The BMA now continues to support the same practices to defend legal proceedings brought against them by NHSPS in response to their claims. It is extremely concerning that NHSPS – a company owned by the Department of Health and Social Care (DHSC) – is pursuing this course at a time when frontline doctors are facing a national health crisis.

Through the legal action, NHSPS has admitted that it cannot rely on the Charging Policy in isolation as a legal basis to increase charges – as the BMA has said all along.

As set out in a [letter to practices](#), the BMA now recommends that GP practices facing similar demands for increased service charges that have not been explained to these five practices should insist that NHSPS provide a full explanation of the legal and factual basis on which their charges have been increased.

To assist practices, the BMA has prepared a [template letter](#) for you to amend as appropriate and send to NHSPS.

Primary care guidance updated

NHS England's updated [primary medical care policy and guidance manual](#) (PGM) provides the context, information and tools to commission and manage primary medical care contracts, and incorporates previous guidance on patient registration.

ICO healthcare audits

From May 2018 to May 2019, the Information Commissioner's Office (ICO) conducted multiple data protection audits of NHS organisations and their compliance with Data Protection Legislation. Following the audits, the ICO has analysed their findings and summarised them in an [overview report](#).

The ICO advised that there were various areas of good practice found across the NHS organisations. However, there were multiple areas for concern:

- Most NHS organisations are required to have records of processing activities (ROPA) under the Data Protection Legislation and the Data Security and Protection Toolkit. Most NHS organisations that were audited did not have a ROPA or an adequate ROPA that captured all elements required (eg lawful basis, who the data is shared with, etc).
- Most NHS organisations did not have a provision to deal with a verbal Subject Access Requests (SARs) or said that they would not accept a verbal request. There was also a lack of detailed training for staff with dealt with SARs (eg redactions, exemptions and what to consider when receiving a request for a child).
- Most NHS organisations did not appear to have appropriate Data Protection training for Locums or Agency Staff. They also did not check whether Data Processors had made their staff complete appropriate training. The ICO also found that in some organisations, there was a lack of induction and refresher training about Data Protection. Training not being given/checked could lead to regulatory action or reputational damage.



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- Most NHS organisations had privacy notices in place, however, the ICO found that the privacy information would only be available in one way (eg on a Trust's website). The ICO recommended that organisations have a layered approach when it comes to transparency and individuals' rights (eg available in physical form, leaflets, posters, available on the website, provided when registering with the practice, etc).
- Most NHS organisations use Data Processors and should have a written contract in place. On inspection of the sample contracts, they did not follow NHSE's standard contract and therefore did not include specific minimum terms required (eg retention/destruction, data being processed, etc). As a Data Controller, organisations must ensure that Data Processors have appropriate security in place. In order to achieve this you need to ensure that regular compliance checks are made (eg checking that their staff complete training, completing audits, etc).

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 April 2021 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by 19 March please.

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