

April 2021 Edition

Pastoral support: Help needed but not asked for may be a tragedy, whilst a simple enquiry wastes no-one's time

**Editorial by Dr Francesco Scaglioni,
Pastoral Support Clinical Lead at Kernow Local Medical Committee**

Kernow LMC's Pastoral Care Service has existed for several decades, originally known as the 'Doctor's Friend Service'. Over the last few years, the team has expanded and the service has been reworked in line with current practices and governance. There are six members of the team covering a suitably wide demographic.

The Doctors and other staff in a GP surgery have often been described as a family. Regarding the work of the pastoral care team the analogy has some merits. Within the last year we have dealt with divorces (both amicable and 'messy'), engagements/weddings (and the cold feet that can go with both), marriage guidance (helping either one or both), trouble with other resident family members – 'sibling' issues, 'parent' issues, not to mention sickness in assorted family members. All that, before one becomes involved in the thorny, painful and complex maze that the often-protracted issues surrounding Performance Advisory Groups (PAGs) and the General Medical Council (GMC) tend to become. Team members have experience at liaison with PAG, Medical Defence Organisations (MDOs) and occasionally the GMC.

The service is currently supporting a number of Doctors across the county. There is an ongoing concern that there may be many more who might benefit from the service, but who do not come forward. It is clear that all too often by the time a Doctor does present that much of the damage has already been done. I have lost count of the number of times that I have thought: 'If only this Doctor had presented, three, six, maybe eighteen months earlier'. If you feel that the service may have something to offer you, but are not sure, then better to ask rather than miss out. Help needed, but not asked for, may be a tragedy whilst a simple enquiry wastes no-one's time.

We can be contacted either by phone at the LMC Office, by email, or via the Pastoral part of the LMC website and aim to respond to all enquiries within 24 hours (and often more quickly than that). More information about the service and how to get in touch is available [here](#).



Primary Care Funding streams

Details of the latest funding streams available to general practice have been collated in a handy [briefing](#) for local GP practices.

The briefing contains an overview of the funding, how it can be accessed and links to the relevant national documents. The material has been reproduced by Kernow LMC with thanks to Wessex LMCs.

New priority phone number for GPs to speak to RCHT consultants

The Royal Cornwall Hospital has introduced a priority phone number for GPs and their clinical staff following lobbying from Kernow LMC on behalf of general practice.

The new number bypasses the hospital's central switchboard and the queue for general calls so that GPs can access help quickly and efficiently. It is hoped this will speed up clinical queries and admissions, consequently benefitting patient care.

The number is 01872 252282 and launched on Monday, 29 March, for an initial three-month trial.

The LMC welcomes the hospital rolling out the new phone line and encourages GPs to use it, when appropriate, so it becomes a permanent resource.

The Acute GP service phone number remains 01872 226263 and is still in use.

Eating Disorder Service – LMC survey

Kernow LMC has launched a short [survey](#) requesting feedback from GPs about their experiences dealing with the local Eating Disorder Service.

Responses will be anonymised and used by the LMC to work with local commissioners and providers to address any issues identified.

The survey only takes two minutes to complete and runs from Wednesday, April 7 until Wednesday, April 28. Your participation is appreciated.

Art of Brilliance 'Rising Stronger' workshop, Thursday, 8 July, 2021 – save the date

By Nicky Sherry, Finance and Administration at Kernow LMC

Many of you will recall our Art of Brilliance sessions with Martin Burder that took place a couple of years ago – they went down a storm. So, in these trying times, we felt it would be good to revisit and have set up another workshop to bring a bit of cheer to everybody.

Those of you who have attended one of these sessions before will know that it will be energetic, inspiring, humorous and motivating.

This time it will be online, which will give many more of you the opportunity to join – the workshop is aimed not only at Practice Managers but all Practice Members. It will run between an hour and an hour and a half. Timings for the day will be confirmed.

The cost is £30 per head, or a GP practice rate of £100 for a maximum of 10 people. If you wish to include more Practice Members under the Practice rate you can – please contact me for a price.



Early booking is advised via email to nicky@kernowlmc.co.uk I will need delegate names and email addresses. Payment will be via an invoice from us. More information will be communicated in due course.

Help signpost locums to the LMC

The LMC has produced a [poster](#) encouraging locums to contact us so they can benefit from our services – Practice Managers are asked to download it and display it in kitchens, canteens or rest areas at your GP practice.

Identifying and engaging with locums is a challenge for LMCs – we represent all GPs, whatever their contractual status, and hope this gives some information about how we can help.

Practice contact details for the LMC

By Nicky Sherry, Finance and Administration at Kernow LMC

Please let me know of any changes in Practice Managers or other Managerial Staff in your GP surgery so I can keep our database and email distribution list up to date. This will ensure that we are sharing our information with the correct people in your GP practice.

Please email any updates to: nicky@kernowlmc.co.uk We have deliberately not chased in recent months, recognising the pressure you are all under.

Not site-specific cancer update

By Dr Joe Mays, GP at the Peninsula Cancer Alliance/Cancer Research UK

Services for patients with symptoms suggestive of cancer that are not site-specific (NSS cancer pathways) are open to referrals in Plymouth and North Devon.

A short video produced by the Plymouth team is available [here](#) and the information is broadly applicable to all the pathways.

Guidance and NSS cancer referral forms are available on the two-week wait sections of the [West Devon](#) and [North Devon](#) formulary websites.

CHIS parent survey

The Child Health Immunisation Service (CHIS) and NHS England Screening and Immunisation co-ordinators have agreed that CHIS will conduct a parent survey to canvas opinion on the current child immunisation invitation letter and a new version that includes more information on immunisation due dates.

The survey runs from 29 March, 2021, for two weeks. It will be sent to randomly selected parents/carers.

GP practices will be updated following the consultation about the planned next steps – if you have any questions or queries please contact Tracy Cook, GP Engagement Manager for South West CHIS, at: Tracy.Cook@health-intelligence.com

Tracy has been seconded to the post and aims to encourage the take-up of the HI Hub across the region, enable GP practices to get the best out of it, work with them to improve data quality and involve them in future CHIS developments.

If you have any queries about CHIS processes, contact Tracy.Cook@health-intelligence.com or phone 01278 589225 ext 8352 or 07912 93191.

Safeguarding information for GPs

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

There have been ongoing reported cases of inappropriate images of intimate areas being sent to GP practices by patients for diagnostic purposes – and even on occasion these images passed on to secondary care for advice or referral purposes.

Programmes such as econsult do help to filter some of these out, but there have been instances of GP practices advising patients to send images by email and this can be a risk.

Guidance from the Royal College of General Practitioners (RCGP) is available [here](#).

GP practices should consider training all staff on this issue to reduce the risk of this happening, as there is the potential for severe legal consequences. Please check that your telephone advisors are not giving this advice to callers.

GP practices should also consider the risks of video consultations with vulnerable people and ensure that clinicians consider these – a face to face consultation or 'video chaperone' may be more appropriate.

Have you heard of Schrodinger's safeguarding rule? 'From the moment you have a safeguarding concern, consider that concern to be fully true and fully false at the same time'. This [article](#) is very enlightening.

Radiology requesting in the Integrated Clinical Environment (ICE)

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

Over the past year the Clinical Imaging PACS Team have worked with Cornwall IT Services 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.

GP practices that are live with Radiology ICE are: Three Spires, St Agnes, Falmouth HC, Carnewater, Newquay HC, Chacewater, Manor Surgery, Fowey River Practice, Brannel, Penryn, Carn to Coast, Narrowcliff, Praze, Perranporth, Bodriggy, Cape Cornwall, Bortreaux, Trecoseas, St Austell, Wadebridge and Portscatho.

Coming over to ICE in April are: Helston MC, Westover, St Keverne, Petroc, Meneage, Clays and Port Issac.

We are supporting GP practices with an open MS Teams call on the day of live rollout which has gone very smoothly. GP surgeries that have adopted Radiology ICE are finding the Radiology side quick and easy due to already having a good understanding of Pathology ICE. This is an exciting change and will see an improvement in appointment turnaround times and accuracy of data/report return.

Any GP practices interested in becoming an 'adopter site' should contact the ICE Team at: rch-tr.GPOrdercomms@nhs.net

Cyber high severity alerts

There have been several cyber high severity alerts around the country recently so if you're experiencing difficulties, let NHS Digital know if you need more support. They can help accelerate remediation.

Your first point of call should be your regional lead, which for the South West is:

ian.fletcher7@nhs.net



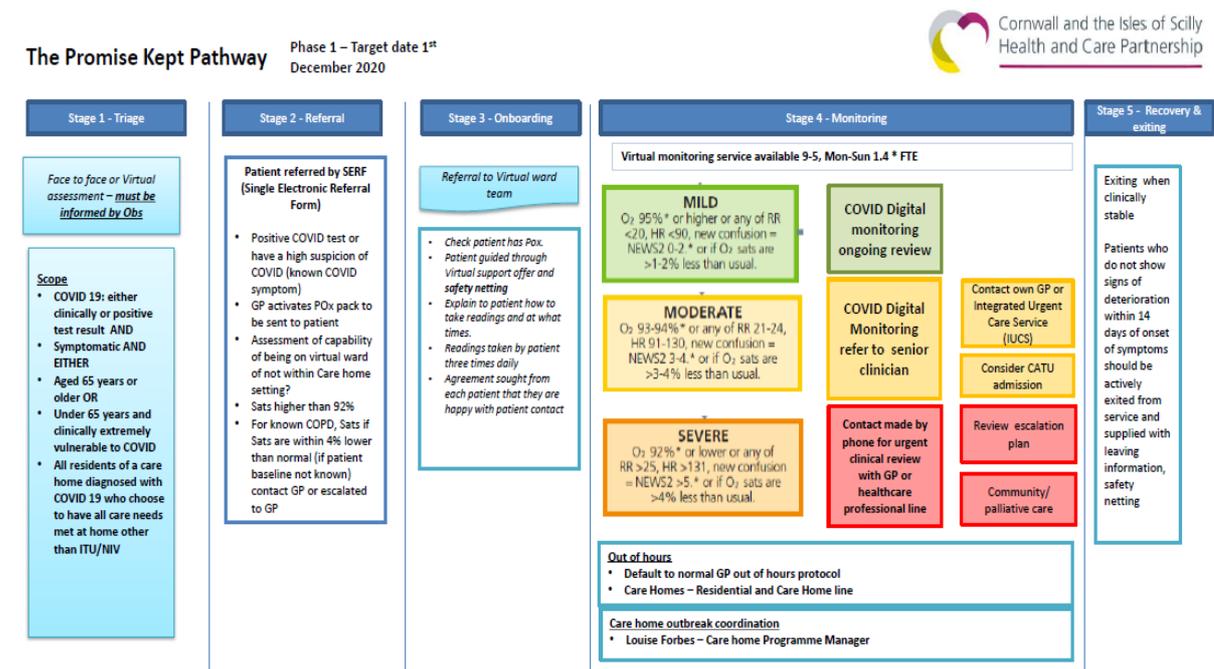
Covid Oximetry@home and care home digital health monitoring service outcomes

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

NHS Kernow and the Cornwall and Isles of Scilly Integrated Care Communities leads were asked by NHS England and NHS Improvement (NHSEI) to deliver a primary care led home based (Oximetry@home) monitoring service to detect silent hypoxia/deterioration and facilitate early escalation of care. This would be available to all aged 65 or over, or those aged 65 or under who are clinically vulnerable. Following discussion with local GPs and community clinicians a centralised oximetry monitoring model was proposed and supported. It was agreed to host this in the existing digital services team to build on existing skills and to ensure a 7-day service.

Local GPs had been noted to have delivered an exemplar service in Care Home monitoring to support care home residents to have access to hospital level care at home when they/their family wished to avoid hospital admission. An extended service was proposed to the oximetry service to provide monitoring and support for all care homes with Covid outbreaks with a senior nurse advice line co-ordinating care across the county (the Pengover project). This was also agreed to be funded by primary care colleagues.

The Oximetry@home referral process and pathway



Outcomes to date:

Nationally ~15% of patients monitored by oximetry have been escalated with silent hypoxia to acute care. Locally our service has escalated 13.5% of oximetry@home patients. Data for our care home residents was measured separately. Our care home service has supported over 1,000 residents, in line with treatment escalation plans agreed with the residents and their family/carers, to stay in their own home, with over 100 on oxygen and only 1.3% escalating to hospital.

Key findings to date:

- Reducing incidences of Silent Hypoxia

The service was set up to ensure we picked up people in an earlier phase of their deteriorating Covid-19 condition so we could start commencing appropriate interventions. This allowed for patients to be escalated immediately their condition deteriorated with increased recognition of their acute condition. Patients were encouraged to attend hospital appropriately.

- Improve patient experience, choice and quality of care

The provision of Pulse Oximeters gave assurance to patients, and within Care homes, the support given by the team allowed patients and family members to feel re-assured. Patient Questionnaire responses are currently being collated to support the findings.

- Reduce demand on Acute Care beds

It is difficult to estimate how many patients would have been admitted if the Oximetry service was not in place, but it is likely that more incidents would have occurred where oximetry patients presented to acute care later, with lower oxygen sats and in worse condition.

With the absence of previous Covid-19 wave data, it is difficult to understand the exact number of admissions avoided. Of the residents supported with oxygen therapy at home, it is accepted that not all of these would have been admitted but the service enabled patient choice, giving care home residents the opportunity to receive hospital level care for Covid at home and supporting care home staff in delivering this.

- Reduce GP contact time

It is hard to quantify contacts that are prevented as a result of the virtual team input. The team coordinated outbreaks and worked alongside GPs escalating only when necessary for prescribing decisions. The Covid-19 virtual team provided a single point of contact for care home staff 7 days a week in hours. They managed concerns around monitoring, condition and possible deterioration of the residents with Covid-19 as well as reducing anxiety of the care home teams by forming strong personable relationships as well as clinical expertise and offering bespoke support. The team supported calls and tried to ensure requests that went to GPs were those which really required specialist decision making.

- Ensure expenditure does not exceed that agreed by Primary Care

Funding was secured from NHSX to pay for the virtual ward software until the end of March 2021.

From the NHSEI funds from general practice expansion fund – proposal approved for the CFT lead and monitoring staffing model agreed by Primary Care/LMC

NHSEI provided some additional funding for Clinical Leadership and implementation / evaluation support.

Pulse oximeters have been provided free by NHSEI.

Expenditure to date is within budget for the pilot period.

Summary

The co-designed service has received very positive feedback from patients, care home staff, NHS Kernow and the regional NHSEI teams. Further detailed evaluation will be discussed with the LMC/Primary Care Network (PCN) lead GPs with a view to further develop business case for 21/22 plans.

If you would like any further information please contact Tamsyn.anderson@nhs.net, Louisa.forbes@nhs.net or Vickislade@nhs.net

Extension to the temporary changes to the GP Contract under the pandemic regulations

NHS England and NHS Improvement (NHSEI) has confirmed that the temporary changes to the GP Contract under the Covid-19 pandemic regulations which were due to lapse at the end of March have been extended until 30 June, 2021.

This means a continuation with the amendment to NHS 111 direct booking and GP practices making sufficient slots available for NHS 111 to refer to a triage list. For most practices offering 1:3000 is likely to be sufficient, but this can increase to 1:500 if demand requires. Kernow LMC would advise practices to monitor the use of the slots each day and adjust the number to meet demand. The most recent [Standard Operating Procedure For General Practice](#) provides further information pertaining to NHS11, Covid-19 Clinical Assessment Service (CCAS) and GP Interface.

In addition, the extension to the pandemic regulations means a continued suspension of the Friends and Family Test Requirement and a continued suspension of the requirement for individual patient consent for electronic repeat dispensing (eRD).

Covid-19 vaccination enhanced service

Updates have been made to the [enhanced service](#) for the Covid-19 vaccination programme 2020/21. These changes have been agreed with the General Practitioners' Committee (GPC) and expand the circumstances in which a Primary Care Network (PCN) grouping can vaccinate eligible patients registered with other practices/another PCN grouping.

Under the revised terms and subject to commissioner approval, a PCN grouping can vaccinate eligible patients registered with another PCN grouping in a residential setting, eg care homes for patients with a learning disability. PCN groupings can also vaccinate eligible patients registered with a Defence Medical Services practice. Clarity is included on making

additional discretionary payments available to GP practices, relating to care homes and other residential settings.

Updated PGDs for Covid-19 vaccines

The Patient Group Directions (PGDs) have been updated for the [AstraZeneca](#) and [Pfizer/Biontech](#) Covid-19 vaccines.

SMS messaging trial for Covid-19 vaccinations

NHS Digital has starting to send texts for cohorts eligible to book via the National booking system, starting with people aged 55. The [NHS Immunisation Management Service](#) has begun a limited trial of a text message service for Covid-19 vaccination offers and reminders. It is hoped that this approach will allow the NHS to issue offers more quickly and be more convenient.

Once the decision is made to offer vaccines to a particular group, the eligible patient data is extracted from the [National Immunisation Management System \(NIMS\)](#). The SMS message is then sent using the Government's secure [Notify service](#). They will appear as being sent from NHSvaccine.

People receiving text messages will be invited to book online as usual or by calling 119, for an appointment at a vaccination centre or community pharmacy. During this trial, text messages will be sent in addition to letters, to ensure that everyone receives their offer.

Viewing Covid-19 vaccination status on the GP record

People can view their vaccination status through services such as the NHS App and SystemOneOnline if they have full detailed coded access to their medical record and their GP has enabled it. This will depend on where they received their first vaccine and how it was recorded. It should automatically appear in their GP health record within 48 hours, but may take longer if it needs to be manually added.

Covid vaccination history now in Summary Care Record 1-click system

Clinicians can now view a patient's Covid-19 vaccination event history in electronic record systems that use NHS Digital's Summary Care Record (SCR) 1-click solution, such as Lorenzo and RIO.

More information on how to access coronavirus vaccination information in the SCR application, including the 1-click solution, can be found on the [NHS Digital website](#).

Patients ordering PCR tests without symptoms

Patients are now able to order a PCR test without having any symptoms and the [Covid-19 PCR test booking webpage](#) includes an additional reason for getting a test, to make it easier for patients to book a test when recommended by a GP.

This supports patients in accessing testing where they have been instructed to by a GP, no matter what their symptoms are. No referral is required to book a test under this option.



Proof of Covid-19 vaccine for travel purposes

It is not a responsibility of general practice to provide evidence of Covid-19 vaccination status for travel purposes.

The [Government website](#) provides guidance for those planning to travel abroad.

Covid-19 vaccines and pregnancy

There has been some confusion around the eligibility of pregnant women for the Covid-19 vaccine. Whilst it is not currently available to all pregnant women, those who are at high risk of exposure to the virus, including health and care workers, or with high risk medical conditions are eligible. This includes women diagnosed with gestational diabetes in pregnancy or those with a BMI of more than 40 at their antenatal booking appointment. The benefits and risks of Covid-19 vaccination in pregnancy should be discussed on an individual basis. The discussion should include acknowledgement that, while there is no known risk associated with giving other non-live vaccines to pregnant women, there is no specific data as yet about the safety of Covid-19 vaccination in pregnancy.

More information, including FAQs and a decision aid, are available from the [Royal College of Obstetricians and Gynaecologists website](#).

GP access during Covid-19

A new national Healthwatch [report](#) looks at how the Covid-19 pandemic has changed the way people access their GP and how this has affected people's experience of care.

While remote consultations have made getting care quicker, more efficient and easier to fit around their lives for many people, some are struggling to access care. The report makes a number of recommendations.

Decisions about living and dying well during Covid-19 – CQC report

The Care Quality Commission (CQC) was asked by the Department for Health and Social Care (DHSC) to conduct a special review of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions taken during the Covid-19 pandemic. The CQC has now published its final report, [Protect, respect, connect – decisions about living and dying well during Covid-19](#), which shares the full findings and recommendations.

You can also [read a blog](#) from Dr Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care, in which she discusses the findings.

RCGP calls on CQC to address impact of inspections on BAME GPs

The Royal College of General Practitioners (RCGP) has called on the Care Quality Commission (CQC) to agree a series of measures to look at the impact of its inspections on GPs from Black, Asian and Minority Ethnic (BAME) communities. Read more [here](#).

Updated CQC myth-busters

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

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

[Immunisation of healthcare staff](#)

Remote fit notes – please remember to sign them

The Department of Work and Pensions (DWP) has asked the General Practitioners' Committee (GPC) to remind GPs that as per previously agreed guidance they will accept fit notes that are printed, signed, scanned and can be mailed to patients. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes.

However, DWP is receiving a significant number of unsigned fit notes which they cannot accept and this results in inconvenience for both patients and GPs. The GPC reminds GPs that fit notes must be signed.

Read more in the Service Provision section of the [Covid-19 toolkit for practices](#).

School absence note requests

Following joint work by the Department of Health and Social Care (DHSC) and the Department for Education (DfE), School Reopening Guidance issued by DfE has reminded schools they should not encourage parents to request unnecessary medical evidence ie doctors' notes from their GP when their child is absent from school due to illness. If evidence is required, it can take the form of prescriptions, appointment cards, text/email appointment confirmations, etc. Input from GPs should only be sought where there are complex health needs/persistent absence issues. This guidance also confirms the procedure for clinically extremely vulnerable children and for those absent from school due to Covid-19 and self-isolation.

Guidance for QOF payments

The General Practitioners' Committee (GPC) has published [guidance about Quality Outcomes Framework \(QOF\) payments for 2020/21](#). Due to the Covid-19 pandemic, these payments will be calculated differently to normal. Some indicators are based on achievement, some are awarded in full and some will be income protected.

Income protection is based on achievement in previous years but uprated for the 2020/21 QOF point value, prevalence and list size adjustment. Therefore, it is not the case that GP practices will have a floor for payments equal to payments in previous years – it will be a different calculation.

Read the NHS England and NHS Improvement (NHSEI) letter and QOF guidance for 2021/22 [here](#). The Department of Health and Social Care (DHSC) has published the [amended QOF SFE for 2020/21](#).

Update on Quality Outcomes Framework changes for 2021/22

NHS England (NHSE) has published a [letter](#) updating GP practices on the changes to the Quality Outcomes Framework (QOF) for 2021/22. The QOF [guidance](#) has also been updated.

General Medical Services (GMS) Ready Reckoner 2021/22

The General Practitioners' Committee (GPC) has been working with NHS England and NHS Improvement (NHSEI) on the production of a [ready reckoner](#) which has now been published

and is intended to provide an indication of the changes in income streams that may affect a GMS practice and Primary Care Network (PCN) from 1 April 2021.

DES directions and flu immunisations

The [Directed Enhanced Service \(DES\) Directions](#) have just been published. NHS England and NHS Improvement (NHSEI) has decided not to include the revised Influenza Immunisation Scheme in this DES due to the possibility of a Covid-19 booster programme running alongside the flu programme and the need to look at potential operational considerations for providers.

NHSEI has made a commitment to discuss delivery of Covid-19 boosters and the impact on the flu campaign with the General Practitioners' Committee (GPC) once further information is available.

Note that GP practices should continue to plan to deliver the 2021/22 flu programme as per the [letter from NHSEI Medical Director Professor Steve Powis](#).

Update on vaccination and immunisation changes for 2021/22

NHS England has published a [letter](#) confirming the changes to the provision of routine vaccination and immunisation in general practice from 1 April, 2021.

Delivering preconception care to women with serious mental illness

A new [guide](#) has been developed to support health professionals in having informed conversations about mental and physical health with women of childbearing age with serious mental illness – whether or not they are planning a pregnancy.

Cancer Research UK Lung Cancer Campaign

Urgent referrals for suspected lung cancer have seen a reduction as a result of Covid-19 and have been slow to recover compared with other cancer pathways. They were 35% lower between March-November 2020 in England and Wales compared with the same period in 2019 – or around 17,800 fewer people.

As a result, Public Health England (PHE) is running a lung cancer campaign encouraging patients to present to their GP, so you might see more patients presenting with potential symptoms. CRUK has a [one page guide on its website](#) for information and practical advice on managing patients with suspected lung cancer during the pandemic, including updates in national guidance.

Network Contract Directed Enhanced Service and improving general practice appointment data

NHS England and NHS Improvement (NHSEI) has just published [a suite of documents to support the updated Network Contract DES](#) from April 2021. The documents implement the changes set out in the [21 January 2021 letter](#) and include a cover note outlining the key changes, the updated Network Contract DES Specification and Guidance, and a number of supporting guidance documents, including a set of FAQs.

NHSEI has also published [guidance for practices on standard national general practice appointment categories](#) to support the mapping of local appointment slots to these new

categories. This follows joint NHSEI and General Practitioners' Committee (GPC) guidance published in August 2020, which introduced an agreed definition of a general practice appointment.

GP practices are required to record all appointments in their clinical systems in line with this definition. They should refer to [new system specific guidance](#), published by NHS Digital, which provides tips on how to improve data quality recording.

The final piece of guidance is for Primary Care Networks implementing the [Investment and Impact Fund](#) for their practices as per the requirements set out in the Network Contract DES.

VAT removal for primary care

The General Practitioners' Committee (GPC) has called on the Government for GP practices and Primary Care Networks (PCNs) to be made fully VAT exempt – presently a major issue and challenge for primary care.

In a letter to the Government, the GPC state: "We are calling for GP practices and Primary Care Network (PCN) structures to be fully exempt from VAT when delivering patient facing services, as there is currently a large amount of bureaucracy associated with the application of VAT in this regard. This is particularly relevant for these organisations, which are made up of collaborations of GP practices and other public sector and non-public sector organisations, who often share staff and provide services jointly to patients." Read the full letter [here](#).

Primary Care Network Dashboard

The Primary Care Network (PCN) Dashboard on 'NHS ViewPoint' will support PCNs to understand local population health priorities and the benefits they are delivering. It will include indicative data on performance and achievement for the Investment and Impact Fund (IIF) indicators, as well as PCN service delivery and progress with recruitment. Some indicators draw on data extracted from GP IT systems. Further information about these indicators can be found on [NHS Digital's](#) website.

The dashboard is refreshed when new data sources are updated, providing a consistent and current view.

It is accessible to all PCNs and generates shared and comparable views across the country.

To access, [register](#) on the Insights Platform or log in using your existing [Insights Platform account](#) and select the NHS ViewPoint product. A user guide is available on [FutureNHS](#).

New remote working toolkit for GP practices and PCNs

The King's Fund has developed a new short digital guide for GP practices and Primary Care Networks (PCNs) to help them adopt practices and techniques to ensure that their teams work effectively remotely from each other. Read more [here](#).

Best practice in social prescribing

A new social prescribing report looks at best practice in rolling out a range of social prescribing programmes in the South West – including a case study from St Austell Healthcare.

The report, from the South West Academic Health Science Network, is tailored for GPs and Primary Care Networks (PCNs). You can download it [here](#).



NHS community pharmacist consultation service

NHS England and NHS Improvement (NHSEI) has produced a new [toolkit](#) which acts as a practical guide for GP practices and Primary Care Networks (PCNs) on how patients can be referred to community pharmacists from general practice for minor illness conditions.

Home delivery of medicines and appliances

NHS England (NHSE) has written to dispensing GP practices and community pharmacies to confirm that the Community Pharmacy [Home Delivery Service](#) and the Dispensing Doctor Home Delivery Service will be commissioned from 16 March 2021 to 30 June 2021 for anyone living in England who has been notified by Test and Trace to self-isolate. The service specifications and guidance for the service has also been updated accordingly.

New national PM representative body agrees strategic aims

The newly-formed Institute of General Practice Management (IGPM) – the first professional body of its kind to represent all managers working in general practice – has agreed its strategic aims.

They are:

- To be the single professional body representing managers working in general practice in the UK.
- To be an inclusive collective and to become the representative voice of the profession.
- To influence health and care policy by taking account of the widest views and expertise of General Practice Managers.
- To develop and support a professional standards framework through an accreditation process using an approved blend of education, training and development programmes and competencies and skills assessment.
- To provide the democratic and strategic voice of General Practice Managers at national, regional and local levels, specifically in relation to policy development, contractual changes and improvement programmes that impact on general practice.

Meanwhile, the IGPM has issued a recording of its recent [webinar](#) which provided an update about how you can become a member and the progress since its recent formation. Nearly 400 practice managers joined the virtual event.

Kernow LMC is keen to support this excellent initiative.

Help patients manage their referral online

GPs and practice staff can now email referral booking information to patients who have an NHS login and patients can directly manage their first hospital or clinic appointment with a specialist through the NHS e-Referral service (e-RS) in the NHS App.

Other new features are being added to the app through which people can already book GP appointments, order repeat prescriptions and securely access their medical record.

Depending on which systems they use at their GP practice, people can also:

- message their GP surgery, doctor or health professional online.
- consult a GP or health professional through an online form and get a reply.
- access health services on behalf of someone they care for (proxy access).
- view useful links their doctor or health professional has shared with them.



Updated Freedom to Speak Up guidance

The National Guardian's Office – which supports the healthcare system in England – has issued updated Freedom to Speak Up Recording and Reporting Guidance. It comes into effect on 1 April, 2021. Read more [here](#).

The LMC provides this role for general practice in the Duchy – if you have a concern that you would like to discuss or require more information, please contact: emma@kernowlmc.co.uk

Health and Social Care White Paper explained

The King's Fund – a national health think tank – has issued an explainer about the recent Department of Health and Social Care (DHSC) White Paper to reform health and social care and the implications of the proposals. Read more [here](#).

Webinar on pensions for sessional GPs

The General Practitioners' Committee (GPC) has issued a recording of a recent webinar on pensions for sessional GPs.

It features Dr Krishan Aggarwal, of the GPC's Sessional GP Committee. You can view it [here](#). The pensions section starts at 22 minutes, 55 seconds.

Locum GPs – new financial support by Government

Locum GPs may now be eligible for Government grants after a recent update in the criteria by Her Majesty's Revenue and Customs (HMRC). The General Practitioners' Committee (GPC) has revised its guidance [here](#).

NHS mail for sessional GPs

NHS mail for sessional GPs has been rolled out, recognising the important contribution of locum GPs to the workforce. GP locums can apply [here](#).

Doctors who move from partnership/salaried roles to locum sometimes have difficulty transferring their NHS email address to locum status. If you are stuck with this, contact helpdesk@nhs.net and locumadmin@nhs.net who will help you sort it out.

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 May 2021 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by Friday, 23 April please.

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