



May 2021 Edition



How the LMC can help you

Editorial by Emma Ridgewell-Howard,
Chief Executive at Kernow Local Medical Committee

This month's musings are brought to you in the format of a quick overview and reflection on the services that Kernow LMC provides. Not exhaustive, always looking to improve and to expand as need and resource allows, they are all there for you whenever you need to call on them.

Negotiations

Although this is a new bi-monthly meeting in the LMC calendar, it is unifying and formalising the local contractual discussions that have always been the core business for your LMC. Whatever your contractual status, we seek to apply a mature, rigorous and democratic process to the subjects for discussion and to cost them realistically for general practice. It is an intensive process for your colleagues involved and a vital and rewarding one, at that.

Freedom to Speak Up Guardian

On behalf of general practitioners and their practice teams, I act as the Guardian representative for many of your surgeries. While other important routes to raising concerns are also available, this confidential and sensitive function has been called upon by GPs and their teams during the past year. It is a force for much resultant good, for learning and reflection and I am very proud that we can offer this function in a balanced, safe and useful way. If you are not sure whether I am your Freedom to Speak Up Guardian, your annual contract documents with NHS Kernow will make that clear. If I am not, but you would like the LMC to act in that capacity or would like more information, please get in touch.

Pastoral support

Between 1 April 2020 and 31 March 2021, our GP-led pastoral team has supported 17 new referrals into their care. There is no single theme, no problem too intractable, that cannot be supported if you would welcome some time from a colleague in the team. You can pick up the phone to us, email in confidence or make contact through the private space on our [website](#). There is no service more important than this one.

Professional Business Support

Where pastoral support works on a 1-2-1 model with an individual, there are occasions where the support of the LMC (whether clinical or non-clinical) across a wider number of problems or people is helpful. This can often be at a Partnership level, but not exclusively so. Topics are as diverse as are your teams. Again, if unsure as to whether we can help, then you are never wasting your time by asking. If we cannot help, we usually know someone who can.

General Practitioners' Committee (GPC) Direct engagement

So much of what impacts upon your day, your development and your own health and well-being is influenced by national decisions. We may be a small LMC, but you give us the mandate for a strong voice. While it is not always so easy to hear amidst all the other important noise, rest assured that your voice is influencing, it does have a platform and it has the best chance of making a difference when it is clear and strong. You tell us regularly of your concerns, and we do press those home where they can best influence positive changes. Most recently, your Practice Manager representatives at the LMC and more widely have focused the spotlight on the profession of practice management, and Kernow LMC has been selected to state that case nationally on 11-12 May on your behalf. See our motion on page 31 of the UK LMC Conference [agenda](#). We will be using your real time examples from the Duchy, to provide some practical steps we want GPC to take in its negotiations this year, to protect and develop the professionals who are at the heart of general practice.

SW LMC regional collaboration

Gender dysphoria, acute hospital and community pathways in the Duchy and across the Tamar, firearms and eating disorder concerns; these are just a few of the recent topics aired with our LMC colleagues across the South West. We hold that collaboration dear; we are better sighted on the shared issues and – as importantly – the best means to create/propose the solutions together, by working in this collaboration. Our proud Cornish identity is strengthened and our colleagues across the Duchy (not least, in the east of the county) are better served as a result.

Mediation

This is a relatively new service for us; I am accredited and several LMC colleagues are awaiting their intensive week of training, to help support this. If you are unsure what it involves and whether it would assist you in finding a different way to resolve a challenge in your practice or Primary Care Network (PCN), please get in touch.

Query response

No two days are alike; the range of interesting subjects that you bring to our door is always very welcome – I am never bored! The only guiding principle is please never assume that we already know or that it is 'just you'. Chances are, we don't and it isn't.

Continuing professional development

We continue to run all the popular and practical training sessions, and you will be able to read about some of our new ideas to help you in your business as we expand our subjects and expert support. We also work in collaboration with our colleagues at the CIC's Training Hub, to ensure we are bringing you a breadth of complementary learning sessions. For more detail of what is available, and to book places, please look at page 3 of our [March 2021 Newsletter](#). We welcome feedback on all our CPD – we need it, in order to improve and keep things relevant for you all. Please keep it coming.

We are busy, but you are busier still. You know that. We know that. And now NHS England and NHS Improvement (NHSEI) cannot deny that. <https://www.bma.org.uk/bma-media->



[centre/gp-appointment-data-shows-practices-are-busier-than-they-ve-ever-been-says-bma](#)

If we can help in anyway, we are delighted to do so. Please just ask.

Free 1-1 remote legal surgery sessions

The LMC has arranged for interested local GP practices to have a free hour-long 1-1 legal advice session with VWV on subjects of their choice.

Topics which you may wish to seek legal advice on include GP incorporations, Primary Care Network (PCN) arrangements and incorporations, primary medical services, regulations/contracts, federations, mergers, super partnerships, disputes, partnership agreements, premises, employment, Integrated Care System (ICS) arrangements and contracting, data protection, procurement, Care Quality Commission (CQC), General Medical Council (GMC) and immigration.

The sessions will be held online and places are available on a first come first serve basis over two dates on Tuesday, 6 July and Tuesday, 14 September. We are expecting a lot of interest and booking early is advised.

If you are interested in booking a session on either date, please complete this short expression of interest [form](#) outlining your requirements and email it to ssaib@vww.co.uk

The LMC's usual caveat about service endorsement at the end of this newsletter applies.

Primary care funding streams

Updated details of the latest funding streams available to general practice have been collated in a useful [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.

EMIS Web issues escalated nationally

Kernow has joined other LMCs around the country in co-signing a letter to EMIS highlighting system outages and unacceptable levels of service with the GP IT system supplier – posing a clinical risk to patients.

LMCs are seeking urgent clarification about the steps EMIS is taking to resolve this situation.

The General Practitioners' Committee's (GPC) IT Lead has also been made aware of the growing discontent.

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

By Nicky Sherry, Finance and Administration at Kernow LMC

Just a reminder on the Art of Brilliance workshop that appeared in our last newsletter. I am still waiting for the final details of the day and as soon as I have them I will pass them onto everybody. But in the meantime, do contact me to reserve your place/s.

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.

Important information for non-medical referrers – ICE Radiology

Requests

By Glenda Shaw, Imaging Quality and Service Improvement Lead Radiographer at the Royal Cornwall Hospital Trust (RCHT)

The [Ionising Radiation \(Medical Exposures\) Regulations 2017 \(IR\(ME\)R\)](#) lay down basic measures for the protection of patients from unnecessary or excessive exposure to medical X-rays.

Non-medical practitioners who act as Referrers are classed as Duty Holders who are entitled in accordance with the employer's procedures to refer individuals for medical exposure – they must be aware of their responsibilities under IR(ME)R 2017 before they may refer patients for diagnostic imaging examinations involving the use of ionising radiation. General Practice referral protocols have been agreed within Radiology at the Royal Cornwall Hospital Trust (RCHT).

Registered Nurses and Allied Health Professionals (Non-Medical Referrers) must contact the Radiology Department if their job role requires them to refer patients for diagnostic imaging. Email rcht.nmrenquiries@nhs.net

Applications to refer must include evidence of continuing professional development which demonstrates that they are sufficiently competent at inpatient assessment, history taking and decision making, to supply pertinent medical data to enable the Practitioner to 'justify' the exposure.

Non-Medical Referrers must understand their professional accountability arising from their professional code of conduct and any medico-legal issues related to their scope of practice and complete the IR (ME)R awareness training modules on e-learning for health.

The Radiology department must have evidence of successful completion of up to date IRMER training before Non-Medical Referrers can be appointed as Duty Holders and entitled to act as 'Referrers'. Once entitled, the Referrer functions should be added to the individual's job description or specified Scope of Practice.

It is the Referrer's responsibility to inform the Radiology department of any change of name to be compliant with IR(ME)R procedures and regulations. Each GP surgery should hold an up-to-date list of their entitled medical and non-medical referrers.

IR(ME)R training should be updated every three years or when the legislation changes dictate and audit of referral practice should be evidenced annually to demonstrate compliance to IR(ME)17.

Non-compliance with this process is monitored and ICE referrals will be rejected if we don't recognise a Referrer as having entitlements in place.

Further information is available [here](#). Please get in touch with me if you need to find out more: glenda.shaw@nhs.net

Abdominal Aortic Aneurysm and monitoring deaths

By Debbie Munro, Quality Assurance Advisor, Public Health England Screening

The National Abdominal Aortic Aneurysm (AAA) Screening Programme is responsible for monitoring the deaths of men who are under surveillance for an AAA. As part of the clinical governance structure, the National Programme ask for the cause of death to be sought. Local programmes are notified of any deaths – the programme is then required to acknowledge the cause of death. They will normally send an email with wording typical of below:

This patient was under surveillance with the AAA Screening programme. I note that he died on: 18/06/2020

Name: XXXXX DoB:XXXX NHS No.: XXX

In order for me to comply with the National AAA Screening Death Reporting process, please could you kindly provide the following information:-

Place of death:

What was the cause of death (list all causes in order of importance)?: (from the first cause)

Was the cause of death diagnosed by post-mortem?

The programme offers vascular nurse care to men in surveillance and the understanding of deaths could help improve the longer-term welfare of the men.

These are very small numbers (if at all) within any GP surgery. If you receive a request for this information then we are grateful for your support in sharing it. If you would like to learn more then please contact: debbie.munro@phe.gov.uk

GP practices wanted for cancer research

Local GP practices are being invited to take part in the [ERICA study](#) – a large randomised controlled trial assessing the clinical and cost effectiveness of six electronic risk assessment tools for bladder, kidney, lung, colorectal, ovarian and oesophago-gastric cancers in general practice.

Participation is voluntary and the research attracts a small payment. More information is available [here](#).

Staff bank needs admin and reception staff

Cornwall Training Hub is looking for admin and reception personnel to join its staff bank to work in GP practices across Cornwall. If anyone you know may be interested please signpost them to the job description [here](#) and ask them to contact kernowhealthcic.workforce@nhs.net Ref JL



Tamoxifen for the prophylactic management of breast cancer risk

NHS England and NHS Improvement (NHSEI) and its partners are working to increase uptake of Tamoxifen which can halve the risk of breast cancer when taken over five years. More information is available [here](#).

Dr Steve Johnson-Wood, Programme Manager at the South West Academic Health Science Network (SWAHSN), would like to speak to local GPs with a special interest in breast cancer or to answer questions. He is contactable at: steve.johnson-wood@swahsn.com

Cow's milk protein allergy and allergic rhino-conjunctivitis

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. In our latest educational vignettes in areas that frequently come up in allergy clinics we cover [cow's milk protein allergy](#) and [allergic rhino-conjunctivitis](#) – aka hay fever.

These common conditions can have an enormous impact on the quality of life of the patient and their family and are worth investing in treatment trials and escalation early, leading to less input required later in the patient journey.

Please contact us if you have any questions, or would like vignettes on different areas of allergy, via sian.ludman@nhs.net or nerys.beynon@tst.nhs.uk

DS1500 service – faster benefits payments for end-of-life care

The digital DS1500 service allows clinicians to notify the Department for Work and Pensions (DWP) when a patient is not expected to live for more than six months to enable them to receive faster benefits payments for end-of-life care. Online DS1500 forms are processed up to 10 days faster than DS1500 forms sent by post.

You'll need an NHS smartcard to access the service on <https://portal.national.ncrs.nhs.uk> select 'Launch Digital DS1500 Service' and complete the form online. Once submitted, the form reaches the DWP securely and immediately which can help reduce waiting time for the patient. Prior to submission the form can be saved or printed as needed. Paper DS1500 forms will continue to be available alongside the digital form.

If you were unable to access the service or the link, then this fix should do the trick.

You can contact the NHS helpdesk on ssd.nationalservicedesk@nhs.net with any questions.

DWP Forms

Further to a recent meeting the General Practitioners' Committee (GPC) had with the Department for Work and Pensions (DWP), they have agreed to supply copies of all relevant GP forms prior to their publication on the [HCP pages of Gov.UK](#). Copies of the available forms are available here as [PDFs](#).

Updated guidance for HGV medicals

Due to added pressures caused by the Covid-19 pandemic, a decision was taken by the Driver and Vehicle Licensing Agency (DVLA) in April 2020 to waive the medical requirement



for a D4 licence renewal application for those aged 45 and over. Applicants were instead issued with a single, one-year licence.

After talks with the DVLA, the General Practitioners' Committee (GPC) has agreed to aim to accommodate D4 medical appointments for working drivers to make sure that drivers are available to the transport industry. The GPC would therefore encourage practices to enable working drivers to have this medical examination when necessary, as much as public health guidelines and individual priorities allow. This excludes car driving licence renewals with small lorry (C1, C1E (107)) and minibus (D1 (101) and D1 (101,119)) entitlements issued before 1997 where these entitlements are used for driving large recreational vehicles rather than for working in the transport sector.

Further information and guidance on this can be found on the [DVLA website](#).

Updated CQC guidance

The Care Quality Commission (CQC) has just updated its guidance and best practice in a number of areas:

[Portable appliance testing and calibrating medical equipment](#)

[Practice induction packs](#)

[Care in advanced serious illness and end of life](#)

[Fundamental Standards of Care](#)

[GPs and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards](#)

[Significant event analysis \(SEA\)](#)

[Registering a federation - update](#)

[Business continuity - arrangements for emergencies and major incidents](#)

[Same gender doctors](#)

Maternal mental health

As a result of General Practitioners' Committee (GPC) 2020/21 contract negotiations, it secured additional funding to support a dedicated postnatal check-up for new mothers. The [National Childbirth Trust](#) has now found, in their one year follow-up [survey](#), that new mothers are not yet always being given the opportunity for this important review, particularly to have the chance to discuss their own mental health.

Whilst this past year has been very difficult, the GPC encourages GP practices to offer these dedicated appointments to all new mothers and to do this at a different time from the regular baby health check.

PCV Hib MenC and Childhood 6 in 1 data collection for payment

A communication has been sent out from the Calculating Quality Reporting Service (CQRS) to commissioners regarding the automated data collection for PCV Hib MenC and Childhood 6 in 1. Due to a delay in the automated collection from the GP Clinical system, data for PCV Hib MenC and Childhood 6 in 1 will not be extracted until June 2021. To enable practices to claim for payment in respect of these services for April and May prior to this extract, GP practices will need to manually submit the data for these periods via CQRS.

The manual submission will need to be declared and approved within CQRS to generate a payment instruction to the payment systems. Where there has been no manual submission,

the June automated extract will include April and May. If there has been a manual claim for April and May, the first automated extraction will be for June only. Information and guidance documents for each of the available services can be found [here](#). Details of these services, including the live collections timetable, can be found on the [NHS Digital's GP Collections website](#).

Lloyd George Digitisation update

Digitisation remains a contractual commitment and NHS England and NHS Improvement (NHSEI) has initiated a full review of the pilot phases to assess the best way of completing the Lloyd George programme.

While this review is concluded all scanning projects already underway are continuing, but no additional cohorts are being added. The review is expected to be completed in the next two months.

Delayed applications to New to practice partnership scheme

NHS England and NHS Improvement (NHSEI) has informed the General Practitioners' Committee (GPC) that it has amended the deadline for individuals that sent through applications.

NHSEI's team will be working through all the applications submitted so far and have advised that due to the pressures caused by the Coronavirus pandemic this year it will still accept applications.

NHSEI has advised that it will be reverting back to the six-month deadline for any further applications.

General Practice Improvement Leads Programme 2021/2022

Applications are now open for an accredited personal development programme for those working in general practice – including GPs, practice managers, nurses, reception managers and senior administrators.

Participants in the General Practice Improvement Leads programme gain new perspectives, skills and confidence in using quality improvement tools and techniques for service redesign and leading colleagues and teams through change.

The programme runs for six days, with support sessions and an optional coaching call in between modules, all held virtually. It incorporates interactive elements, action learning and personal project work, with participants leading a small-scale change improvement challenge in their own GP practice.

More information, including how to apply, is available [here](#).

Training during the pandemic – GMC urges doctors to make their voices count

Doctors are being urged to have their say on how the Covid-19 pandemic has affected their workplace learning, as the General Medical Council (GMC) launches its annual training survey.

Doctors in training, and senior doctors who act as trainers, are asked to take part in the regulator's National training survey – the UK's largest annual insight into workplace education and training. Read more [here](#).

2019/20 Pensions annual allowance charge compensation policy: New second application window for GPs

Application forms for the 2019/20 Pension Annual Allowance Charge Compensation Policy will need to be endorsed by Primary Care Support England (PCSE) before they can be processed by the NHS Business Services Authority (NHSBSA).

PCSE is accepting forms for endorsement in application windows. The next application window will open on the 2 August, 2021, and will close on the 1 October, 2021. NHS England and NHS Improvement (NHSEI) will share more information about how you should submit your form to PCSE nearer the time. As the next application window is after the mandatory scheme pays election deadline for 2019/20 closes on the 31 July 2021 you must make sure that you have submitted a scheme pays election before this deadline. Read more [here](#).

Call for swift action to remove the General Medical Council's (GMC) power to appeal tribunal decisions

Thirteen leading healthcare organisations, including the British Medical Association (BMA) and five royal colleges, are calling on the UK Government to act to remove the General Medical Council's power to appeal against decisions by medical practitioners' tribunals. The Government agreed in 2018 that the power, which duplicates similar powers held by the Professional Standards Authority (PSA), should be scrapped. Its abolition is included in draft legislation to reform the way healthcare professionals are regulated, on which the government is consulting.

The healthcare bodies have told Matt Hancock, Health and Social Care Secretary for England, that the move is urgent and should be made now, by including it in the forthcoming health and social care bill.

Flu vaccination 20/21 achievement and plans for 2021/22

NHS England and NHS Improvement (NHSEI) has confirmed that there will not be central procurement of flu vaccine for the coming year's scheme, but the at-risk group will be extended as it was this year.

GP practices should therefore, where this is possible due to the late notice, take this into account when placing orders.

The annual flu reimbursement letter was updated on 1 April. A copy of the latest version can be found [here](#). The letter confirmed that those aged 50-64 years old will be included in the 2021/22 flu programme and also confirmed the inclusion of a QIVr vaccine (Supemtek). GP practices will be paid for the QIVe vaccine for the 50-64 year old cohort.

Improving general practice appointment data webinars and demos

Guidance for GP practices on standard national general practice appointment categories [has been published](#) to support the mapping of local appointment slots to these new categories.

This follows from guidance published in August 2020 jointly with NHS England and NHS Improvement (NHSEI) and the General Practitioners' Committee (GPC), which introduced an agreed definition of a general practice appointment.

NHS Digital is [hosting several webinars](#) to supplement this guidance and the categorisation. There are also some short demos that cover how best to carry out the national mapping exercise:

- EMIS WEB users: [GP Appointments Data \(GPAD\) - HowbeckHow2](#)
- TPP SystemOne users: [GPAD Mapping - TPP Demo](#)

Data quality guidance for SystemOne users

NHS Digital has issued new technical guidance for GP practices and Primary Care Networks (PCNs) using SystemOne which addresses known data quality issues.

It should be read in conjunction with [NHS England's \(NHSE\) guidance](#) on more accurate appointment data and guidance for implementing the national appointment categories.

Recruiting advanced practitioners through the Additional Roles Reimbursement Scheme

A new [guide](#) from the NHS Confederation explains the Additional Roles Reimbursement Scheme (ARRS) and highlights how advanced practitioners can support population health management.

From April 2021, Primary Care Networks (PCNs) can recruit advanced practitioners into six specific roles that are reimbursable at the indicative Agenda for Change band 8a, as part of the ARRS.

Mental health support service for healthcare staff

NHS England and NHS Improvement (NHSEI) has strengthened the mental health support [offer](#) for all healthcare staff, including primary care team members in GP practices, to ensure they have rapid access to services and support.

Kernow Local Medical Committee also offers a pastoral support service to any GP working in Cornwall via the website or if you need urgent pastoral support from the LMC please phone our service now in confidence on 01726 210141 or 07789 775909.

Covid Vaccination Enhanced Service – General Practice

NHS England and NHS Improvement (NHSEI) has updated the general practice enhanced service (ES) for the Covid-19 vaccination programme to provide further clarity about cover under the Clinical Negligence Scheme for General Practice (CSNGP).

It confirms that cover is not restricted to a GP practice's registered patients, so would apply to the provision of any NHS Covid-19 vaccinations by a GP practice to a person, including where they are not on the registered list of that GP practice. The revised ES is available [here](#).

Unused IT equipment in vaccination centres

If you have a vaccination site that is closing or you have surplus IT kit, you must arrange for it to be collected for reuse.

This applies to the larger vaccination sites and GP-led vaccination sites such as local community centres or village halls as opposed to the community pharmacies.

Regional teams and sites should email the Vaccination Programme IT Team on vaccinationit@england.nhs.uk with details of any surplus nationally provisioned IT kit so it can be collected and re-built.

Please make sure all surplus IT kit is returned via this process and not moved to other sites.

Vaccine certificates

The Government has confirmed that a Covid-19 status certification system will be developed over the coming months which could allow higher-risk settings to be opened up more safely and with more participants.

A system will be developed which will consider three factors: vaccination, a recent negative test, or natural immunity (determined on the basis of a positive test taken in the previous six months). Events pilots will take place from mid-April to trial the system. All pilots are checking Covid status, which will initially be through testing alone but in later pilots, vaccination and acquired immunity are expected to be alternative ways to demonstrate status.

The General Practitioners' Committee (GPC) has been discussing these proposals with the Government and NHS bodies to ensure there would be a minimal impact on GP practices, and that the expectation that people can secure evidence of vaccination or testing by obtaining a letter from their GP practice MUST be avoided.

Patients preparing for travel in the UK

As travel restrictions ease, patients may be preparing for travel to UK holiday locations. Please remind your patients to organise ordering medications in advance, to avoid running out whilst on holiday. To maintain continuity of care on holiday, utilising telephone and online consultations, patients should be advised to contact their own GP in the first instance. If a prescription is required, please send it via Electronic Prescription Service. Practices can also refer to the Community Pharmacist Consultation Service, for minor illness and urgent repeats.

If the patient requires a face-to-face appointment, they can still attend a nearby GP via Temporary Registration.

Vaccinations for the UK armed forces

Work has been completed to enable people registered with the [Defence Medical Services](#) (DMS) to book through the national booking service. This includes military personnel as well as their families and dependents.

In addition, NHS Digital has worked closely with DMS to identify people in cohort 6 with underlying health conditions, to enable them to book through the national booking service. Work is ongoing to flow vaccination status information into DMS systems.

Salaried GP Covid-19 vaccination shifts

The General Practitioners' Committee (GPC) has received reports of salaried GPs being asked by GP practices to volunteer for the Covid-19 vaccination programme on a goodwill basis with no payment or time off in lieu from their practice. While any clinician may choose to volunteer to support vaccination clinics, funding models should not rely upon this and employees should never be coerced into doing so. GP practices are paid to administer Covid vaccinations and payment of staff is included in the costing of this funding. Salaried GPs should be fully remunerated for any vaccination shifts and should not feel pressured to take these shifts on a goodwill basis.



‘Proceed with caution’ on mass testing – BMA voices concern about accuracy of results

The British Medical Association (BMA) has urged caution about the effectiveness of lateral flow tests following the Government’s announcement on twice-weekly mass testing in England. Read more [here](#).

Structured medication reviews and medicines optimisation

Updated [guidance](#) from NHS England (NHSE) sets out the changes required when delivering structured medication reviews (SMR) and medicines optimisation services by Primary Care Networks (PCNs).

Changes you need to make before the Live Care Identity Service moves to the Cloud

NHS Digital is moving the Live Care Identity Service (CIS), which controls NHS smartcard access for Spine, to the Cloud between Friday, 7 May, at 6.30pm and Monday, 10 May, at 8am.

Your support staff will need to carry out renewals, creations or unlocks of smartcards ahead of this transfer as your users won't be able to access the CIS application during this transition period.

Once the transition is complete, staff will be able to access the CIS service over the Health and Social Care Network (HSCN), as usual.

This [CIS live service changes link](#) provides further information. If you have any questions, please contact iampatforms@nhs.net and one of the team will help you.

Practice Manager Salary Survey results

The annual national Practice Manager Salary Survey results have just been issued – the headline findings are:

- The average PM salary for 2020 was £45,170.28. This is an increase on last year by £2,567.37.
- PMs worked an average of 9.7 hours extra per week on top of their full-time hours.
- 35% of PMs commented on feeling stressed, overworked, or struggling to cope.

Read more about the First Practice Management survey [here](#).

National minimum wage and national living wage update

A reminder that on 1 April, 2021, the national minimum wage and national living wage rates increased. The period employers must keep records which identify whether their workers are being paid the correct minimum wage rate has also been extended from three to six years. Read more [here](#).

Updated IR35 rules from April

Updated IR35 rules come into force in April and the General Practitioners' Committee (GPC) has been made aware that some providers are making new requirements for locums to protect against potential IR35 implications. These include:

- charging locums administration fees to process invoices
- insisting that a locum's limited company has a website and business cards
- requesting evidence of the locum's diary to see which other providers they have been booked in with
- requesting copies of invoices issued to other providers.

However, the GPC does not believe that such measures are likely to protect the provider as all the above requests could easily be met by an engaged party that still falls within IR35.

The GPC asks locums to report any similar requests

to sessionalgps@bma.org.uk or info.gpc@bma.org.uk and recommend that locums read the [British Medical Association's \(BMA\) IR35 guidance](#) to understand the potential implications of the IR35 rules and how they apply.

Next month's LMC newsletter will consider the implications of IR35 for out of hours work.

Race report BMA response

You will be aware of the publication of the much anticipated, but unfortunately, ultimately disappointing report from the independent [Commission on Race and Ethnic Disparities](#).

The British Medical Association (BMA) responded to the report with [this statement](#) in which it made it clear that *'the BMA refutes the central argument in the report that structural race inequality is not a major factor affecting the outcomes and life chances of many of our citizens'* and highlighted *'the irrefutable evidence of discrimination faced by ethnic minority doctors'* in the NHS.

The BMA has a long history of campaigning for race equality in the medical profession and healthcare. The BMA recently launched a national BAME member forum for ethnic minority doctors and medical students – supported by regional and national networks across the UK – which aims to unify and empower the voices of our ethnic minority members to influence positive change in the BMA and across the NHS.

You can find out more about the forum and how to get involved on the [BMA website](#).

Report: Legislating on the future of health and care in England

A new report by the NHS Confederation, [Legislating on the future of health and care in England](#), outlines the views of healthcare leaders on the [white paper](#), the implications for the forthcoming health and care bill and a set of recommendations to the Government as it develops the finer detail of the legislation.

Listening and building trust – new National Data Health Guardian

Dr Nicola Byrne, the new National Data Guardian for Health and Social Care in England, has published an introductory [blog](#) sharing her thoughts on, and intentions for, the role.



CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

Latest jobs in local general practice

The latest practice vacancies – including GP and practice manager roles – are available on the jobs page of the LMC's new website: www.kernowlmc.co.uk/jobs/current-vacancies/
Vacancies are also available on the [jobs page](#) of Kernow Health's website.

Kernow Health's Staff Bank is also now live for workers and practices to sign up. Please follow these links:

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

[Bank Worker sign-up](#)

[Practice manager sign-up](#)

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

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