

June 2021 Edition

## LMC UK Conference review

### Editorial by Dr Dave Tinkler, Kernow LMC Committee Member

I recently attended my first LMC UK Conference having attended the General Practitioners' Committee (GPC) England Conference at the end of last year. Like all things, this was very different from normal due to the Coronavirus pandemic. Rather than travelling up to York the Kernow LMC team met at St Austell Printworks.

For those who are confused by all the acronyms and systems – as I have been and still am at times – Kernow LMC has the statutory mandate to represent all GPs including locums/salaried/GPwSIs/Partners. Basically, every GP on the performers' list. The LMC then feed into the GPC who are your national representatives who negotiate our contract on our behalf at a national level. The GPC Conferences are where LMCs, directed by local GPs, then direct how we want GPC to negotiate. Seeing how the local voices of GPs can be heard was insightful.

The remote Conference was initially plagued by technical issues – which we have all become familiar with – affecting voting. It's not just the Glastonbury Festival that has experienced streaming problems!

Once sorted, the packed Conference overall showed consensus for the issues we are all well aware of: increasing demand, managing/preventing workload shift to primary care, staffing welfare and resilience support.

It was warming to hear the GPC, linking with the Consultants' Committee, recognise the extreme workload pressures that general practice is experiencing, as well as the insight of the risks of funding creep away from additional services provided. The GPC Exec advised to vote against the statement: 'Assuming that the work is clinically safe, and appropriately funded, general practice should be accepting more work from secondary care.' Conference voted overwhelmingly to follow their advice. It's easy to forget with the media exposure and stresses we are all under that many secondary care clinicians are supportive and aware of the pressures GPs are experiencing.

As part of the agenda Kernow LMC proposed:

'That conference is asked to recognise the continuing workforce crisis facing those undertaking the vital role of general practice management and calls upon the GPC to facilitate:

- the creation of nationally resourced and updated electronic practice management handbook(s)
- less bureaucracy in practice management during 2021
- closer working with representative bodies of practice management, especially during contract negotiations.'

This was passed at Conference and this now has become GPC policy to be negotiated and operationalized in the year ahead. This is how local voices shape national policy.

It might sound like a soundbite, but I firmly believe that a strong GP voice and then trust through the GPC to represent that voice to negotiate for us is vital for our day to day working.

What I have learnt from my time in the LMC is that we are there as your representatives and voice – the only group with the statutory authority and mandate to be able to represent ALL GPs in Cornwall.



# CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

Remember, if you have an issue, please contact the LMC. There is a strong voice there so please do use it. We are here to support you throughout your career. The resolutions from the LMC UK Conference 2021 are available [here](#) and a recording of the event is available to view [here](#).

## Transgender patients

Local GP practices continue to be approached by private gender reassignment clinics with requests to perform blood tests and prescribe hormones. Advice is available on our LMC website [here](#) (you need to register if you haven't already). There's also a useful gender dysphoria letter template available for GPs to use in situations where they are being asked to prescribe hormones by private gender identity clinics, which is mentioned on page 3 of our [June 2020 newsletter](#). [Guidance](#) from the General Practitioners' Committee (GPC) highlights that, as always, GPs should only prescribe and monitor medication that is within their competency and that patients should be seen by a 'reputable' gender identity service.

## Printed records for PCSE

The LMC is acting on behalf of local GP practices frustrated at having to send back hard copies of patient medical records to Primary Care Support England (PCSE) for deceased patients or unregistered patients who are moving to a surgery that is not S1 or GP2GP. Having to print off all the patient records to send to PCSE takes a lot of time and effort and costs money.

NHSX has confirmed that the current requirements are for GP practices to print records when there is no GP2GP electronic transfer available. As there is not currently an electronic records archive available to receive GP2GP transfers, all deceased and unregistered patient records need to be printed.

One of the projects in the national Continuity and Digitisation of medical records programme which NHSX has been running – and transferred to NHS England and NHS Improvement (NHSEI) recently – is setting up an electronic archive which will remove the requirement for GPs to reprint these records.

NHSX say PCSE is not able to handle electronic media like memory sticks – and these are unlikely to be accepted by another GP practice should the patient re-register and there would also be potential degradation risks due to the requirement for deceased and unregistered records to be retained for many years.

The LMC continues to highlight the inefficiencies of this process, raising with the General Practitioners' Committee (GPC) and monitoring the progress. We will keep local GP practices informed.

## GP Payments and Pensions system launch issue

GPs have reported receiving multiple emails assigning them to all available GP roles on Primary Care Support England (PCSE) Online as part of the launch of the GP Payments and Pensions system.

PCSE is sorry for any confusion caused and has confirmed there is no change or impact to your status on the Performers' List. The LMC and the General Practitioners' Committee (GPC) are monitoring the situation.



PCSE say the new portal will enable practices and GPs to access a range of new services to help manage their payments and pensions administration online. Guidance is available [here](#).

### **Payment for general practice child safeguarding reports**

The LMC continues to receive queries from local GP practices about this matter and we can confirm practices are able to claim a 'collaborative payment fee' for preparing written safeguarding reports.

National advice from the General Practitioners' Committee (GPC) is available [on page 5 of our November 2020 LMC Newsletter](#).

Locally, invoices for collaborative fee arrangements for work carried out on safeguarding reports should be sent to: [adultsfinance@cornwall.gov.uk](mailto:adultsfinance@cornwall.gov.uk)

### **Places still available for 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 – and places are still available.

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.

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](mailto:ssaib@vww.co.uk). The LMC's usual caveat about service endorsement at the end of this newsletter applies.

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

#### **By Nicky Sherry, Finance and Administration at Kernow LMC**

The LMC is pleased to announce more details of our Art of Brilliance session with Martin Burder. In these trying times, we felt it would be good to have a workshop to bring a bit of cheer to everybody. The workshop will be online and is aimed not only at the Practice Managers, but all practice members.

Click [here](#) for new details of the session. It will last 60 to 90 minutes and we are aiming for it to take place in the morning around 10.30am – definite timings will be released as soon as they have been confirmed.

Costings – individual delegates: £30 per head; Practice rate of £100 – 10 people maximum. If you wish to include more practice members under the practice rate you can – please contact me for a price.

Booking is via email to [nicky@kernowlmc.co.uk](mailto:nicky@kernowlmc.co.uk) I will need the delegates' names and email addresses to be able to join the workshop. Payment will be via an invoice from us.





## Staff Training – Addition to the Programme

Moore Scarrott Healthcare is delivering a Getting the Most from Your Dispensary seminar on behalf of the LMC on Wednesday, 29 September.

This will be held in a training room in Victoria – predominantly a half-day seminar with a Q&A session following lunch. The cost is £60 per delegate to include a sandwich lunch.

More information is available [here](#). To book a place/places, please email [nicky@kernowlmc.co.uk](mailto:nicky@kernowlmc.co.uk)

## Secondary care pathology requests in ICE

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

The Integrated Clinical Environment (ICE) ordercomms system has been available to secondary care specialties since November last year to make requests for pathology samples to be taken at the patient's GP surgery. On the whole this system is working very well, with over 1,000 requests being made each week by a wide range of hospital specialities.

Unfortunately, there are still instances where a secondary care request is not being picked up correctly and a fresh request for pathology is made by the GP surgery when the patient attends. This is problematic for several reasons:

- Results are returned to the surgery instead of secondary care. Responsibility for acknowledging and actioning such results then lies with the GP surgery.
- The required tests are often not correctly requested. This is due in the main to the different requesting profiles available to secondary care and the fact that additional tests are often automatically added dependent on the requesting specialty.
- The GP surgery misses out on the phlebotomy fee.

Given the many advantages to primary care of correctly processing these requests could we please ask that you use any opportunity you have within your GP surgery to promulgate the correct use of the ICE system to collect secondary care postponed requests.

All GP surgeries have been issued with a variety of training materials detailing the correct process, a summary is available below for information. We are, of course, more than happy to arrange additional training on use of the ICE system to individuals or groups and this can be arranged via [rcht.cornwall.ice@nhs.net](mailto:rcht.cornwall.ice@nhs.net)

### Requests from secondary care that have been postponed into ICE

Many Royal Cornwall Hospital consultants and specialist nurses in secondary care are now postponing requests directly into ICE. This ensures the patient gets exactly the right tests for the clinician and that results go back to them as the requester. If a request has been made this way, patients will usually present to the surgery informing you that “there is an electronic order in the system” for them.

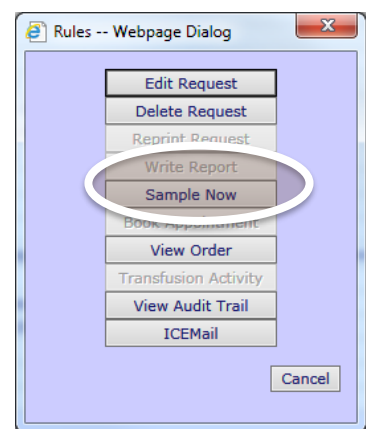
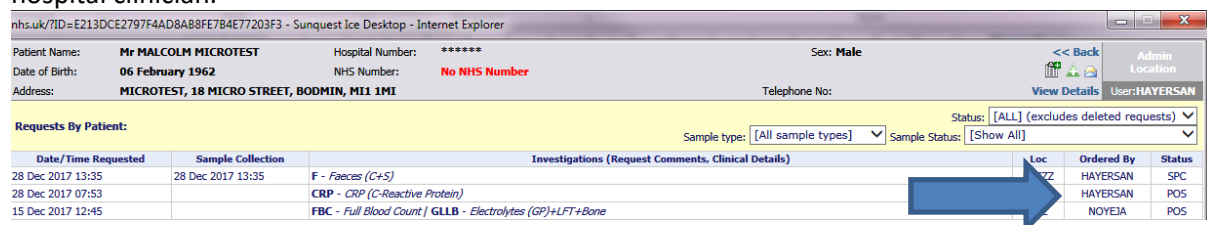
Please Note: This request will not appear in the usual area within your GP practice system, so to collect the sample, select the link in your practice system as if making a new ICE pathology request for the patient.



Instead of selecting the tests, select the **'Services'** tab and then select the **'Patient Request List'**



The secondary care request should be present in the list with a status of **'POS'** for postponed. Under the **'Ordered By'** column it will also state who the requester is, i.e. a hospital clinician.



Select this request and when the dialogue box appears choose the **'Sample Now'** button to collect the request and generate your labels in the normal way.

If there are any queries regarding this then please contact the ICE Team via the details on the 'Help' page within the ICE requesting screens or on [rcht.cornwall.ice@nhs.net](mailto:rcht.cornwall.ice@nhs.net)

**Cornwall and Isles of Scilly Local Pharmaceutical Committee update**  
By Drew Creek, Operations Manager at Cornwall and Isles of Scilly Local Pharmaceutical Committee

With the G7 fast approaching and the impact on Cornwall likely to be from Newquay down to St Ives, Cornwall and Isles of Scilly Local Pharmaceutical Committee is advising its Pharmacy Teams in the county to pull forward any workload that they can where appropriate. We would kindly ask for your support in this to ensure that patients are well serviced.

Meanwhile, in conjunction with NHS England (NHSE) we continue to roll out the General Practice Community Pharmacist Consultation Service (CPCS) across GP practices in Cornwall. Many more GP surgeries will go live in June and we have capacity to bring further GP surgeries into the referral service in July.



If you would like to know more about the service and how it can benefit your GP practice and patients please email: [admin@cornwallipc.org](mailto:admin@cornwallipc.org).

## **Coding issue with the 6in1 Hexavalent vaccine**

**By Tracy Cook, Child Health Information Service (CHIS) GP Engagement Manager**

The Child Health Information Service (CHIS) has become aware of a change in coding to the 6in1 Hexavalent vaccine, which has affected the data exported from GP practices using the HI Hub for immunisation data returns.

CHIS is working with practices to identify the cause and believe it is possibly due to the changeover to the new Quality and Outcomes Framework (QOF) payment system and the direct upload of data to the Calculating Quality Reporting Service (CQRS) via the GP extraction system.

Whilst CHIS hopes to rectify the issue as soon as possible, it may need to request immunisation data via clinical system report or CSV file, to ensure that its records are complete and accurate, and that all children are called for outstanding immunisations correctly.

Please contact Tracy Cook, GP Engagement Manager, on [Tracy.Cook22@nhs.net](mailto:Tracy.Cook22@nhs.net) with any queries.

## **GP leaders deliver damning vote of no confidence in NHSE chiefs over failure to support general practice**

The General Practitioners' Committee (GPC) has passed a motion of no confidence in the leadership of NHS England (NHSE) following its recent 'tone deaf' [letter](#) to GP practices around face-to-face appointments – and longer-term failure to support or recognise the efforts of the profession over the last 14 months.

The motion also demands an explanation from the Government as to why the letter was sent.

Dr Richard Vautrey, GPC Chair, said: "For the representatives of England's GPs to pass a vote of no confidence in NHSE's senior leaders is a clear wake-up call to NHSE and also for the Government.

"Without doubt, the motivation for this comes entirely from the widespread anger, frustration and disappointment felt by tens of thousands of GPs about the cavalier ways in which they have been treated and badly let down by the Government and NHSE.

"These organisations have repeatedly failed to not only resolve the crisis of falling numbers of GPs who are trying to make inroads into a mammoth backlog of patients needing care, but also properly recognise and celebrate the incredible contribution of general practice throughout the pandemic and the vaccination programme.

"Last week's woefully badly judged letter from NHSE was the final straw for many hard-working GPs who have gone above and beyond over the last year." Read the full statement [here](#).

The GPC has also [written to the Government](#) on behalf of the profession to reflect the anger felt following NHS's letter and to outline the changes needed before GP practices can increase face-to-face appointments.

The Royal College of General Practitioners (RCGP) has also criticised the NHSE letter, saying 'its tone was misjudged and the rigid expectations it sent out that GP practices should make



changes at such short notice showed a lack of understanding of the pressures facing the profession.' Read the response [here](#).

**LMC footnote:** Kernow LMC and Devon LMC have issued a joint [media release](#) reiterating that general practice is open for patients and has been throughout the Covid-19 pandemic.

## **GP workforce is not growing quickly enough to cope with current or future demand, GPC warns**

Responding to the latest [GP workforce data](#) figures, Dr Krishna Kasaraneni, Workforce Lead at the General Practitioners' Committee (GPC), said: "With the equivalent of just 111 more full-time, fully-qualified GPs joining the health service between March 2020 and March 2021 – an increase of just 0.4% – this data is yet another stark reminder of the ongoing workforce crisis currently facing the NHS.

"In fact, the overall GP workforce has barely grown since 2015, and the number of GP partners has actually fallen by the equivalent of more than 900 full-time doctors in the most recent 12 months, so efforts to retain these experienced and talented members of staff should be treated with just as much importance as encouraging new GPs into the NHS.

"According to a recent GPC survey, more than half of respondents working in a primary care setting said that they plan to work fewer hours in the next year, with a further 36% deciding to leave the health service altogether and take early retirement.

"We know that much of this is linked to personal wellbeing – doctors across the NHS have been pushed to their limits this past year, with many struggling to get the respite they need following the demands of the pandemic. For some, this has led to them becoming unwell and feeling disillusioned with a job they once loved. Almost 50% of doctors responding to our recent Covid-19 tracker survey told us they are currently suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition.

"The bottom line is that the GP workforce is simply not growing quickly enough to cope with current or future demand – something the GPC has long been calling to be addressed, both recently and pre-pandemic. Former Health Secretary, Jeremy Hunt, promised an extra 5,000 GPs by 2020/21, before the Conservatives pledged to find 6,000 by 2024. We know that that first promise was never fulfilled. The latest must be.

"Without the workforce we need, especially as we look to the growing backlog, the future of the NHS hangs in the balance – and patients will continue to wait too long for the care they need. It's vital that Government understands this; not only by recruiting more staff, but also urgently doing everything possible to retain those we already have."

## **Primary care flexible GP pools**

NHS England and NHS Improvement (NHSEI) has issued [guidance](#) setting out a newly-established arrangement to support the provision of flexible pools of engaged and employed GPs to deploy across local communities.

## **New roles in primary care toolkit**

A new [toolkit](#) has been developed to enable Primary Care Networks (PCNs) and Training Hubs to work collaboratively towards planning and developing the primary care workforce, as outlined in the GP contract.



The toolkit refers not only to roles included in the Additional Roles Reimbursement Scheme (ARRS), but to all new positions in primary care.

### **‘Levelling up’ general practice in England**

General practice has a role to play in reducing health inequalities but must be properly resourced to do so. Levelling up will be impossible unless access to high-quality general practice is equitable, a new [report](#) from the Health Foundation has found.

The Additional Roles Reimbursement Scheme could worsen health inequalities because recruitment is likely to be ‘skewed’ to wealthier areas.

### **Online Consultations – Contractual Requirements**

The General Practitioners’ Committee (GPC) has issued a reminder to GP practices about the contractual position relating to online consultations.

The 5 year agreement signed off in 2019 specifically stated: ‘NHS England (NHS) and the General Practitioners’ Committee (GPC) expect GP practices to make progress in 2019-20 towards the digital changes that will become contractual requirements from April 2020 and April 2021. All GP practices will be offering online consultations by April 2020 at the latest.’ This was reiterated in this year’s contract deal (21-22) which reads: ‘We confirm the definition of the core digital offer which all GP practices must provide to patients, including the offer and use of video and online consultations, ability to do online prescriptions, and online appointment booking. This is already the norm in the vast majority of GP practices. This is as follows: Practices offering online consultations that can be used by patients, carers and by practice staff on a patient’s behalf, to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs.’

The agreement reached with NHSE is that such services must be offered by GP practices, without the contract being prescriptive in terms of how those services are structured. This allows flexibility of approach and enables practices to embed new technologies into existing services in a manner that complements rather than disrupts them.

Online consultations can be a powerful vehicle via which to address patient demand, but the GPC is also alert to the risks of supply-induced demand and GP practices will want to monitor their services to ensure the safe delivery of care across all platforms. There is no contractual requirement to have these systems active out of hours and it is for GP practices to determine how they can be best used.

As a result of positive conversations between the LMC and NHS Kernow, it has been confirmed with e-Consult that local GP practices can manage the availability of e-Consult outside of core hours. e-Consult will therefore accept requests from GP practices to turn off the system outside of core hours without requiring permission from NHS Kernow.



## Updated CQC guidance

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

[Caring for veterans and their families](#)

[Summary Care Records](#)

[Data security and protection – expectations for general practice](#)

[Safeguarding adults at risk](#)

[Guidance about privacy curtains](#)

[Practice induction packs](#)

[Female genital mutilation](#)

[Personalised care and support planning](#)

[Effective governance arrangements in GP practices](#)

[Responding to coronavirus \(Covid-19\)](#)

[Pulse oximetry and monitoring vital signs outside the GP practice setting](#)

## Ensuring Maximum QOF Success 2021-22: Practice Index Webinar

### Recording

The Ensuring Maximum Quality Outcomes Framework (QOF) Success webinar, hosted by Practice Index, was held recently and many who joined, or those who couldn't make it, have since asked for a [recording of the webinar](#).

The webinar looks at the QOF changes for 2021/22, how these will impact on general practice and what practices need to know to get ahead now. The topics discussed include:

- Timed indicators you need to be aware of, and things you may need to think about in your registration protocols to take account of the changes.
- List size adjustments and prevalence – and how they affect the value of a QOF point.
- An in-depth look at the changes to vaccinations and immunisations covering not just QOF, but the wider changes to immunisations, which could seriously affect your practice income.
- Face-to-face reviews – what you can count as a review and exception code for vaccination and immunisations.

## Extension to the shingles immunisation programme

Individuals become eligible for routine vaccination against shingles when they reach age 70 – and all those aged up to and including 79 are now eligible to receive the vaccine until they reach age 80.

Individuals who are eligible for the shingles vaccination programme who turned 80 during the Covid-19 pandemic and missed the opportunity to be vaccinated can now be vaccinated until 31 July.

There are no contractual changes to this programme – the offer of vaccination is opportunistic or if requested for the catch-up cohort. GPs will continue to be reimbursed via the standard item of service fee, which should be claimed manually.

## More national recognition for Practice Managers

The Institute of General Practice Management (IGPM) has held positive talks with Dr Nikki Kanani, Medical Director of Primary Care for NHS England and NHS Improvement (NHSEI), about closer engagement with the IGPM as the new representative body for Practice Management.

Following the meeting, the IGPM said: "We are excited for what the future holds working more closely together. General Practice Managers across the UK welcome this opportunity to change the way that you engage, support and include our profession in all general practice plans."

Kernow LMC is engaged with and supportive of the IGPM. Visit our [website](#) to find out more about the IGPM.

## Institute of General Practice Management Anti-Abuse Campaign and survey

The newly-formed Institute of General Practice Management (IGPM) has launched a campaign to highlight abuse from patients in GP practices – including a new [video](#). Your feedback is also requested to provide evidence of the scale of the problem clinicians and staff face. Please complete the short [survey](#) here. It'll only take a minute of your time. A further recent national survey also highlights the levels of abuse general practice staff face at work from patients.

The key findings are:

- 75% of GP staff experience abuse from patients on a daily basis, and 13% at least once a week.
- 78% report that the abuse experienced is a combination of threatening behaviour, racist abuse, and sexist abuse.
- 63% said they have had to call the police because of abusive behaviour towards staff.
- 83% have removed a patient because of multiple incidents of abuse towards their team.

The Practice Index survey was taken from a sample size of 571 GP practice managers (confidence level of 95%).

## GP Data Planning and Research (GPDRP) - Data Provision Notice

NHS Digital (NHSD) has sent out a Data Provision Notice (DPN) to all GP practices notifying them of the rollout of GP Data for Planning and Research (GPDRP).

Key documents/links:

- [RCGP/BMA statement](#)
- [Data Provision Notice \(DPN\)](#)
- [Privacy statement](#)
- [Patient information on GPDRP](#)
- [Transparency notice](#)
- [Type 1 optout form](#)
- [Next steps for GPs](#)

This is a planned replacement for the GPES (GP Extraction Service) to collect data for planning and research from general practices in England. This data collection mechanism will, in time,



become the only one that GPs need to comply with when sharing data for secondary uses, although you may wish and are entitled to continue sharing data for secondary uses through pre-existing or new channels where there is a clear and lawful basis for doing so.

The General Practitioners' Committee (GPC) and the Royal College of General Practitioners (RCGP) have issued a [statement](#) on this – please note that it is a legal obligation for practices to comply with the DPN.

The first collection will begin on 1 July as per the DPN, allowing six full weeks (plus an extra seventh week) to ensure patients have the opportunity to exercise a Type 1 opt should they wish to do so.

GP practices will be sent an invitation to comply with the Data Provision Notice via your GP system supplier. The exact method, form and timing of this invitation will vary by system supplier. However, the invitation will include instructions on how to comply with the DPN, this is a simple and straight forward task. GP system suppliers will commence extractions for individual GP practices who have responded to their system supplier to confirm they are complying with this Notice and provide this data to NHS Digital seven weeks from the date of issue of this Notice, from 1 July 2021.'

Patients have the right to exercise a type-1 opt-out to ensure their data is not collected as part of GDPR and should do so before the first collection to be certain it is processed in time, it is important that where a Type 1 output has been received, that these are recorded as quickly as possible. Practices may wish to proactively engage with patients to make them aware of their right to opt out. If patients register a Type 1 Opt-out, practices must process this. Codes for opt-out can be found [here](#).

NHS Digital have linked this [form](#) with the instruction to patients to fill it out and return it to their practice should they wish to opt out.

In terms of next steps for GP practices in England, the following landing page details this [here](#).

### **Covid vaccine status – public messaging for GP practices**

In preparation for the inappropriate public requests for proof of Covid vaccine status that may arrive in general practice, the General Practitioners' Committee (GPC) has produced some messaging that you may wish to use on your GP practice website and social media channels:

"Thank you for contacting the surgery enquiring about Covid-19 vaccination certification. We are unable to issue this certificate at the practice.

Visit [here](#) for further information.

Proof of your vaccination status will be available on the NHSapp. It can be downloaded [here](#) for iPhone or [here](#) for android.

Alternatively, you can call the NHS helpline on 119 and ask for a letter to be posted to you. This must be at least 5 days after you've completed your course of the vaccine, the letter may take up to 5 days to reach you.

Kind regards

\*Your Surgery\*

### **Coronavirus – Got Symptoms? Do not enter this building**

The NHS 'Do not enter this building' if you have symptoms of coronavirus poster has been updated and is available to download. The [poster](#) is for use at entrances to NHS





facilities, including GP practices, to provide information about the symptoms of coronavirus and to direct patients that have symptoms or a positive test result in the last 10 days not to enter the building.

## **GP practice clinical systems and misuse of controlled medicines**

NHS England and NHS Improvement (NHSEI) has issued *shared learning to reduce the risks of misuse of GP practice systems to illegally acquire controlled medicines*.

1. Remind all staff of the support available to them if they are in difficulty, for example struggling with problems such as addiction.
2. Always refer members of staff who ask for prescriptions to their own GP.
3. Periodically check that no members of the practice's own staff are registered with the practice without the knowledge of the partners.
4. If members of the practice's own staff are intentionally registered with the practice, periodically check who prints the prescriptions, who signs them, and that the prescribing gives no cause for concern.
5. Regularly review clinical system user accounts and disable accounts that are no longer required. Remove any inappropriate permissions to generate prescriptions.
6. Disable locum log-ons that are not being used and lock away locum smartcards.
7. Set up smartcards for new members of staff as a priority to minimise the use of locum smartcards.
8. Identify unusual activity such as staff logging into the system out of hours to issue prescriptions.
9. Insist on appropriate references when employing new members of staff; when employing senior staff who have been employed by medical practices before, references should be obtained from GP partners of previous practices.
10. If you are a dispensing practice, regularly audit and reconcile stocks in the most appropriate way for your practice. It is worth considering that in some cases weak opioids such as codeine, benzodiazepines and morphine sulfate oral solution are widely misused and diverted. Do the amounts you are obtaining from suppliers correspond with what is being supplied to patients?

If you have any concerns about a member of staff, please e-mail your NHSEI Regional Controlled Drugs Accountable Officer, who for the South West is Jon Hayhurst, at:

[england.southwestcontrolleddrugs@nhs.net](mailto:england.southwestcontrolleddrugs@nhs.net)

## **IR35 – the changes, their effect and considerations for locums**

**By Chris Clark, Associate Director, Moore Scarrott Healthcare Ltd**

It has been a month since the 'IR35' legislation (also known as 'off payroll working rules') was applied uniformly to employers across both the public and private sector. The public sector came within the remit of the legislation back in April 2017, whereby they needed to decide whether the individual working for them through (usually) a limited company, should actually be on their payroll. The NHS and local health authorities clearly come under the definition of 'public sector', as do individual doctors' surgeries. The main effect of the 2017 change was that this decision lay with the public sector end-user instead of the individual. If the end-user is happy that the individual is genuinely self-employed, then they can continue treating that individual accordingly.

From April 2021, medium and large private sector end-users, such as corporate-run out of hours providers, are in the same position, so the playing field is levelled. For small private sector end-users, the onus remains on the intermediary to determine whether the off payroll working rules apply.

IR35 only applies when an individual is operating through an intermediary – this is usually a limited company (to take advantage of the lower corporation tax rates) but can be a partnership in some instances. The relevant body must decide whether that individual would, were it not for the intermediary, be an employee under a hypothetical contract, having considered who is in control of the individual's work, whose equipment is being used, any rights of substitution of labour, obligation to give and accept jobs, and so on. Where an individual is not operating through an intermediary, IR35 specifically does not apply, but if the end-user is found to be engaging an employee who has been treated as self-employed, then as the "employer", that end-user will just as likely find themselves with a large NIC bill – just as they would if they get IR35 wrong. In other words, if someone is working directly for the end-user then the same considerations about working patterns, control, obligations to accept work and so on are just as valid to those individuals potentially caught under IR35.

Note that a single factor like working regular or frequent patterns will not, on their own, indicate that the individual should be an employee; after all, the individual may be choosing to work those shifts and may still be in complete control of their working day. All factors must be taken into account, with the overall relationship being considered. Even the apparent presence of 'control' by the end-user is not conclusive; for example, locums working a set working pattern on out of hours duties, would not necessarily be badged as employees provided that most of the other factors point toward their being self-employed and in control of their own work life. Therefore, we can see that a regular shift pattern need not point to a problem in this area for the end user.

If, for whatever reason, the end-user decides that the individual would ordinarily be an employee then they must deduct PAYE and NIC from payments being made to the intermediary, and pay employer's National Insurance Contributions.

Where there is no intermediary, the end-user will usually make the final decision as to the individual's employment status, though it should be a joint decision as part of contract negotiations. In deciding whether an individual engaged directly is an employee or not, the same tests are used as those in deciding whether an IR35 hypothetical contract is in place. HMRC have developed a Check Employment Status for Tax (CEST) tool, which may be a useful aid in determining employment status.

### **Microsoft N365 licences will be allocated for Locum GPs**

As a result of work the General Practitioners' Committee (GPC) has been doing with the Royal College of General Practitioners (RCGP) and NHSX, the 'apps for enterprise' Microsoft N365 licences will now be allocated for Locum GPs who are currently a member of the nationally managed NHS Mail Locum group for a period of 12 months. During this time, work will continue to find a sustainable long-term solution. The GPC expect the licences to be live over the coming weeks.



# CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

## Declaring a climate emergency in primary care

A new free [guide](#) for primary care – including GP practices and Primary Care Networks (PCNs) – is available which considers steps to take to reduce your carbon footprint. More resources will be added in the coming weeks, including how to develop a green GP practice plan.

### 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/](http://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](mailto:kernowhealth.workforce@nhs.net)

Produced by Kernow Local Medical Committee. Copy submissions for the July 2021 newsletter should be emailed to Rich Turner, Communications Lead at the LMC, at [rich@kernowlmc.co.uk](mailto:rich@kernowlmc.co.uk) by Friday, 25 June, please.

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