



July 2021 Edition



Who moved my cheese?

Editorial by Dr Will Hynds, Chair at Kernow Local Medical Committee

How are you with change? Not many people really like it – we tend to get comfortable with the familiar. Over the covid pandemic we have been forced to change our practice dramatically and we all complied because the “why” was sufficient. We are now being asked to think about a return to business as usual, which is forcing us to try and remember what that looks like and to question if that is something we want. NHS England and Improvement’s (NHSEI) outrageously handled communication of their latest Standard Operating Procedure (SOP) upset us all with the implication that GPs were not offering face to face care and the patient’s choice trumps nearly all. I note there has been no apology from NHSEI for this and that is hard to forgive. However, let us analyse what we are upset about. Lack of respect, an attempt

to micromanage and a failure to acknowledge that we know what we are doing and that we are definitely doing it – I reckon that covers most of it.

Whenever there is much gnashing of GP teeth it is important to reflect that we are independent contractors and our contract says that all of our activity should be delivered “in the manner determined by the contractor’s practice in discussion with the patient”. Just to underline what that means – NHSEI can hand out any number of SOPs and they carry as much authority as the “do not tumble dry” washing label. It is their guidance, but we and our patients are in charge of how things happen around here. That said, I have to admit I am absolutely delighted to be seeing more of my patients and given the choice I would gladly have a face-to-face clinic over endless telephone triage. I am choosing that because I can, not because NHSEI want it, and you too should remember you are in charge of your work environment and get to call the shots.

Moving on to some more updatey stuff:

Peer Improvement Tips for Care and Health (PITCH) has creaked a bit over covid times, partly because a lot of their person-power was re-purposed. Our hope was that all your System niggles could be PITCH’ed and then someone would fix the issue and identify recurrent themes. Unfortunately, the number of niggles has swamped the capacity available and we are going to suggest it may be more effective if you want an actual clinical/process issue rectified to report directly into the relevant trust datix (emails available on the PITCH page but summarised here). So for Royal Cornwall Hospitals NHS Trust (RCHT) it is rch-tr.datixenquiries@nhs.net; for Cornwall Partnership NHS Foundation Trust (CPFT) it is mail.cftincidents@nhs.net; for South Western Ambulance Service NHS Foundation Trust (SWAST) it is swast.risk@nhs.net and for University Hospitals Plymouth NHS Trust (UHP) it is plh-tr.riskandincidentteam@nhs.net. These are the Trust owned incident reporting portals



which should result in a speedier outcome and in due course we are hoping NHS Kernow can audit these inputs to extract the same sort of data they were hoping to get out of PITCH.

Secondary care community bloods are being requested on the Integrated Clinical Environment (ICE) and it is crucial that your blood takers identify these secondary care postponed requests when the patient turns up to be bled. The governance gap that has previously existed where secondary care requested bloods were ordered under the GP's name needs to be closed. Now that consultants have been told if they order on ICE the result will come back to them they are relying on it and obviously that will fall through if a practice requests it in their name. RCHT consultants are also being told that from 1 August if it is not on ICE it will not be taken in the community and furthermore that the turnaround time for community bloods is three weeks. If they need a test sooner than that they may need to make alternative arrangements through the hospital. What this means is that if you are asked to do something for pre-op clinic urgently this week and you have no capacity you are well within your rights to hand it back to RCHT. CFT are a bit behind the ICE revolution, but the wheels are turning and Derriford has yet to join the party.

A recent near miss revealed a potential risk with the increased online access that patients have to their GP records – thank you NHSapp and the “vaccine passport”. The release of histology results and brief MDT outcomes automatically to the GP record could be seen by the patient before they have had a diagnosis communicated. Clearly, the GP will field this crisis, so we have been discussing the problem with our secondary care colleagues who are going to try and come up with a solution. Partly there needs to be a change in secondary care understanding so that from now on, once the data leaves the hospital, it should be considered to have been delivered to the patient's smartphone. For the moment the risk remains, so awareness needs to sit with all.

In the LMC virtual office there have been many meetings and lots of activity. Dr Nick Rogers and I spent an intense but entertaining week in London recently being trained to deliver interpersonal mediation. We now have a panel of three (CEO included) that you can call upon if mediation is required. The underlying message was that mediation is great for sorting out problems when there is a communication issue and is very much cheaper than litigation and more empowering than arbitration. Either way, the LMC is happy to offer you the service when needed.

We have also been organising our own deckchair re-shuffle and this is likely to be my last editorial whilst wearing the Chair's tiara. Nick and I are going to swap roles in September so that I get a chance to unclench and he gets to pick new wallpaper for the Chairman's palace. No doubt things will immediately improve and covid will be un-invented – hurrah!

So, why the title to this editorial? Ignoring the cheap attempt to make you read to the end, I was once asked what I thought would make the biggest difference to GP resilience in Cornwall. I flippantly replied we should buy them all a copy of “Who Moved My Cheese” by Spencer Johnson. If you have not read it, can I commend it to you – it is short, funny, insightful and I am afraid you are going to need it...

Update to GP Contract Arrangements 2021/22

Without proper engagement and consultation NHS England and NHS Improvement (NHSEI) has published an [update to the GP Contract arrangements for 2021/22](#).

The LMC has conducted an initial assessment on the two Enhanced Services (ES) published by NHSEI. The deadline for signing up to both ES Specifications is 31 July, 2021, but it is very likely that NHS Kernow will require a revised deadline to collate a report to NHSEI, therefore our recommendation is to give both specifications early consideration. It is also worth considering that neither specification was negotiated through the General Practitioners' Committee (GPC).

As with all Enhanced Services as an independent contractor you get to decide whether to take up the work. Going forward, in line with our local negotiation role we will attempt to RAG (Red/Amber/Green) rate all new Enhanced Services to help guide the decision. As a brief explanation:

Green means "the numbers/workload adds up and we feel there is a good business case to engage".

Amber means "the business case is touch and go – if you are canny or it suits your current set up there may be some money in it".

Red means "the LMC cannot recommend this Enhanced Service as viable on the basis of our assessment and calculations".

Long Covid – rated AMBER

This is likely to be rolled out with a "Go and see your GP with long covid" announcement by NHSEI. The numbers involved are not known, but could be significant and therefore there is concern about the required "development of own clinical pathway to enable supported self-management" and the use of existing Additional Roles Reimbursement Scheme (ARRS) staff for this.

The LMC rates this as AMBER purely based on the unknown volumes of work associated with it. If GP practices sign up to this specification and demand becomes unmanageable, then of course notice can be served on it.

Weight Management – RED

The LMC has serious reservations about the detail of this ES as follows:

- Component 1 of the ES requires practices to actively identify cases and case finding will place additional demand on staff. It also requires practices to encourage people to send their weight measurements in and record them.
- Component 2 demands that each referral is on the basis of "informed patient consent". That will require a consultation. There may be some leeway to add it onto a health check or diabetic review, but the general thrust of this is to signal to patients that they should come to the GP for referral. Capped at £11.50, this is a derisory pricing for a consultation. Plus, when a practice hits its cap it will not be able to stop referring, as those patients will still be presenting and thus practices will not be reimbursed for the work.

There are already good self-referral pathways for the more prevalent parts of this ES, so the spec will increase workload and increase admin unnecessarily as self-referral is excluded. The patients in the higher complexity end of the spec will be at risk of harm with this target



driven approach without a significant increase in availability of Tier 3 & 4 services: the current backlogs trouble us greatly in relation to the effectiveness of this ES. There is also a sense that a move to self-referral for tier 3 would reduce the stigma and this will undermine that. Finally, there is nothing within the ES regarding long term support or evidence-based interventions.

The LMC rates this RED on numerous counts – not least of which are clinical safety concerns and insufficient reimbursement for additional clinical and administrative workload.

These RAG ratings have been formulated in conjunction with Devon LMC and we would like to thank them for their insights. You can also read the GPC's [press statement](#) on this issue.

If you have any further questions about either ES specification, please contact the [LMC office](#).

Post Covid – the spiky beast

By Dr Robert Gardner, Member of Kernow Local Medical Committee

The third wave arrives in Cornwall with the delta variant. Post covid syndrome is decimating lives and careers with over 10% of identified Covid cases still having symptoms after 12 weeks. Characteristic, but not universal, features of post Covid to look out for are breathlessness, fatigue, disproportionate tachycardia and smelling burning. You will know multiple body systems can be symptomatic and even permanently damaged. Recovery is the norm, but not guaranteed, and not linear. New features and relapses can present weeks or months after the index illness. The value of 'point in time' investigations in this context is at best controversial. However, if referring to the post Covid assessment service please consider the governance requirements of any potential target provider services.

NHS England (NHSE) has stipulated that health or social care workers should not be prioritised above other professions. I am keen that the priority of patients should reflect the degree of damage to their function and productivity. Please therefore include in any referral to the post Covid service patients' pre and post-employment, and carer/care recipient, status.

Finally, we are all aware that hard pressed NHS services are further compromised by the sometimes long-term sickness of our colleagues and friends. There appears to be an inequality between the resources available to primary and secondary care to financially and emotionally support and rehabilitate these professionals. This is not OK. May I suggest GP practices keep a record of, and submit to the LMC, anonymised records of staffing hours and grades lost or more sadly medically retired. I propose to use this to lobby our commissioning organisations and political representatives.

Local IGPM representatives

The Institute of General Practice Management (IGPM) – the new representative body for the profession – has announced that its regional representatives for Cornwall and Devon are Steph Tedstone, Management Partner at Compass House Medical Centres, Brixham, and Kyla Dawe, Practice Manager at College Surgery Partnership, Cullompton, and Sampford Peverell Surgery.



As regional representatives their role includes:

- Representing the views of local practice management staff to the Executive at the IGPM.
- To act as a point of contact and support for other local practice management staff.
- To represent the views of local practice management staff at other forums.

Their contact details are: stephanie.tedstone@nhs.net and kyladawe@nhs.net

Congratulations to them both and the LMC looks forward to supporting their work.

Additionally, Nicola Davies, Practice Manager at Roseland Surgeries, and one of the founder members of the IGPM, is also available at: nicola.davies14@nhs.net

New PCSE pay and pension system update

Primary Care Support England's (PCSE) new pay and pension system was launched on 1 June and the General Practitioners' Committee (GPC) and Kernow LMC have been contacted by concerned practices and GPs about the disparities in information and the difficulty in finding the relevant information on the system.

The GPC would urge all GPs to log on and check their details and data. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity. The GPC has been informed of the following which is very concerning:

- PCSE doesn't have contact details for 6,000 GPs. PCSE assures the GPC that it is working on solutions for this, but the GPC advise any GPs who haven't received any emails from PCSE since 30 May giving access to the system, to contact pcse.user-registration@nhs.net.
- Past statements migrated to the new system are not showing the same level of detail as previously. PCSE has informed the GPC that it is working on this, but advise that users can still access those statements in full on Open Exeter in the meantime. This is not a satisfactory situation and the GPC will be pursuing it until it is resolved.
- Around 1,000 GP practices have not yet received their QOF achievement payments for this month. PCSE is adamant that it has a solution for this and is working to ensure these payments are made this month, within contractual timeframes. PCSE has written to affected practices.

The GPC continues to meet several times a week with PCSE to raise issues relating to missing and incorrect data along with poor usability. The GPC is extremely concerned about the volume of these issues and has raised these with PCSE to resolve them urgently. The GPC will continue to monitor and pursue the progress of this and other remedial work over the coming weeks.

PCSE has posted user guidance for [practices](#) and [GPs](#) on its website.

Local GP practices are encouraged to inform the LMC and NHS Kernow where they have not received payment and may be experiencing financial hardship. Email:

admin@kernowlmc.co.uk and primarycare.kernow@nhs.net

South West Regional LMCs – which Kernow LMC is a member of – will be petitioning PCSE to attend one of its meetings this year to answer questions about their service levels and the immense pressure it is adding to that already experienced by general practice.



LMC staffing changes and contact details

Angie Douglas, PA to the Executive Team, is leaving the LMC on 12 July. We wish her well for the future. Contact details for the LMC are available on our website [here](#). We ask for your forbearance in the coming months, while we recruit a new member of the team.

Pregnancy Advisory Service – RCHT

By Dr Kathryn Eccleston, Consultant Physician and Named Doctor for Safeguarding Children at the Royal Cornwall Hospitals NHS Trust (RCHT)

We wanted to give everyone in primary care an update on the NHS unplanned pregnancy service here at the Royal Cornwall Hospitals NHS Trust (RCHT) and ensure everyone is aware of where we are and what we currently offer to residents of Cornwall who need advice on pregnancy and termination of pregnancy (ToP) options.

We run clinics from Monday to Wednesday based on the Treliske site in the Hub – Thursday are procedures at West Cornwall Hospital (WCH). We have onsite access to counselling, USS scanning and a full range of contraception options which we offer as appropriate. Patients are offered telephone, video or face to face consultations dependent on need and access. Early Medical Abortions can be offered as appropriate up to 9+6 days gestation.

We offer Manual Vacuum Aspiration (MVA) of pregnancy up to 14+0 gestation. These are currently being carried out weekly at WCH. Surgical Terminations (STOP) under general anaesthetic up to 14+0 are performed usually on the Treliske site.

At greater gestations, the patient should be referred to MSI Choices UK and they will need to travel out of county if they opt for abortion.

To Refer:

RCHT - GP referral or self-referral (up to 14 weeks). During Covid, bookings can be arranged by emailing the RMS at KCCG.health@nhs.net

MSI Choices - GP or self-referral (can be referred up to 24 weeks). MSI Choices operate a service in St Austell and Plymouth. They also offer a service up to 24 weeks at other UK sites. All have scanning facilities.

Note Medical terminations are available up to 10 weeks on the day of the clinic appointment.

Delay in rollout of patient data sharing programme (GDPR)

The planned rollout of the GP Data for Planning and Research (GDPR) in England is being delayed by two months, from 1 July to 1 September, 2021.

This follows extensive engagement by the General Practitioners' Committee (GPC) and Royal College of General Practitioners (RCGP) with NHS Digital and with the Health Minister [calling on NHS Digital and the Government to delay the introduction](#) of their new data programme until patients and the public have had time to be aware of and understand the programme and choose to opt-out if they wish.

Along with the RCGP, the GPC has made it abundantly clear to both the Government and NHS Digital that this programme needed to be delayed to allow for a proper in-depth public information campaign to give the public a chance to make an informed decision about whether they want their data collected as part of the new GP data extraction programme. While the GPC understands that data sharing plays a key role in planning and research as well as developing treatments, it also knows that the crux of the GP-patient relationship



relies on trust, transparency and honesty, and therefore allowing the public and patients to make fully informed decisions is paramount.

It is important that the Government now takes full responsibility for ensuring that there is an adequate public engagement ahead of the rollout so all patients across England can make an informed choice. Locally, Kernow LMC has been working on your behalf to make all your shared concerns known; we will continue with that work, to mitigate the burden falling upon you all, of navigating patients through this legislative change to the sharing of their medical records. If you experience any significant rise in requests for Type 1 opt out, please let us know at: admin@kernowlmc.co.uk

Practice Managers: Join the Practice Manager Advisory Team

By Liz Symons, Project Manager for Organisation Development and Workforce, at Cornwall Training Hub

We recognise that the role of practice manager can often be isolating (and challenging!) and therefore we are putting together a package of support with our local partners, for practice managers and assistant practice managers, in Cornwall.

This includes:

- Education and Training
- Mentoring
- Coaching
- Peer Support Networks

We would like your help. If you are an experienced practice manager and would be interested in providing mentoring, coaching or facilitation to others as part of the programme please get in touch. Relevant training and support will be provided. We are also searching for practice managers who have a particular area of expertise and could provide training to others, so if you are great with finances, or know your contracts, we want to hear from you! If this is something you could help with, or you would like to know more, please contact kernowhealthcic.workforce@nhs.net.

Spirometry

NHS England (NHSE) has suggested that spirometry services should be restored. [This guidance document](#) comprises information from the Association for Respiratory Technology and Physiology (ARTP) and the Primary Care Respiratory Society (PCRS). It was developed from a task and finish group established by NHSE's Clinical Policy.

The General Practitioners' Committee's (GPC) guidance for [spirometry in general practice](#) remains unchanged. The GPC believe this important diagnostic and monitoring tool should be properly commissioned and sufficient capacity should be made available for GP practices to be able to access this for their patients. NHS commissioners in many areas are failing to make this service fully available and must do more to support accurate diagnosis of both asthma and chronic obstructive pulmonary disease (COPD). There is no contractual obligation for GP practices to do this themselves, and with the current Covid-19 infection protection and control restrictions still in place it is not practical for most GP practices to set aside treatment rooms to be able to complete this. Kernow LMC will continue to work with commissioners on local solutions.

CQC statement on developing its regulating and monitoring approach

The Care Quality Commission (CQC) has provided an update about its approach to regulating and monitoring services and risk management. Read more [here](#).
Kernow LMC is available to offer practical support to GP practice partnerships and their teams on site during their inspections, especially in the context of this being a new iteration of the inspection regime. Please contact the LMC via admin@kernowlmc.co.uk if you would like to know more or would like us to attend.

NHS Resolution's Primary Care Appeals service

NHS Resolution is responsible for ensuring the prompt and fair resolution of appeals and disputes between primary care contractors and NHS England and NHS Improvement (NHSEI) or clinical commissioning groups (CCGs). This work is provided by its Primary Care Appeals (PCA) service, which has published new guidance based on past determinations of applications for dispute resolution against primary [medical services](#) termination notices. Kernow LMC is on hand to offer mediated options on behalf of general practice, focused on avoiding this route wherever possible.

Annual complaints collection (K041b form) to resume on 9 August

NHS Digital (NHSD) has published a [response to its consultation on the proposed changes to the annual complaints collection \(K041b\)](#) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review. NHSD paused the collection of the 2019/20 K014B form, from general and dental practices, but has now confirmed that collections will resume from 9 August to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced – some will start at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection.
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

QOF 2021/22: Quality Improvement Templates

The Quality Outcomes Framework (QOF) Quality Improvement (QI) reporting templates for 2021/22 have been published and are [available to download](#).

The Royal College of General Practitioners (RCGP) has produced resources to support GP practices in meeting the QOF QI requirements for 2021/22 which can be found on the [RCGP's website](#).

Issues affecting dispensing practices highlighted nationally

The General Practitioners' Committee (GPC) and the Dispensing Doctors Association (DDA) have met Health Minister Jo Churchill MP to highlight the need to enable dispensing practices to use the electronic prescribing system, to address the issues relating to rurality that adversely impact many dispensing practices and to call for improvements to the arrangements for drug reimbursement. We await some satisfactory solutions.

Extension of the Covid-19 pandemic regulations

The new Secretary of State for Health has announced that the three [pandemic regulations 2020](#) relating to general practice have been extended to 30 September, 2021.

The General Practitioners' Committee (GPC) is concerned about the implications of the Department of Health and Social Care's (DHSC) extension of the pandemic regulations, which includes three particular elements of eRD, Friends and Family Test and NHS111 – and have told them this.

The experience of general practice in England has been that these regulations have led to a command and control approach by NHS England and NHS Improvement (NHSEI) through their various letters, guidance and SOPs, and most recently with the latest NHSEI target to increase appointment numbers outlined in their [Board paper](#) on NHS metrics for 2021/22 at a time when general practice is already overwhelmed. These directives provide less flexibility and whilst the GPC has been clear that they are only guidance they have led to many GP practices feeling that they must operate in a specific way.

As the GPC has recently and repeatedly highlighted, the Government and NHSEI are failing abysmally to deliver on another Government commitment of an increase in 6,000 GPs and if they were really serious about both improving the workforce's wellbeing and improving quality of care for patients they'd be setting this as the metric for general practice not the narrow and misguided focus on appointment numbers.

This is their target, not the GPC's, and whilst including the appointments done by the additional Primary Care Network (PCN)-related workforce will mean this is delivered, what we all know is needed is for individual workload pressures to be reduced, and rather than suggesting we all work harder the goal should be for GPs to do fewer not more appointments. The GPC has described the importance of this in its [previous workload paper](#). The GPC has therefore called on the Secretary of State to direct NHSEI to end its restrictive and prescriptive direction of the profession and allow general practice to return to the way it operated in line with existing contracts, and support GPs and practices to provide the care they know their patients need.

Given the current state of general practice, with workload and appointments being at an all-time high, the impact of the ongoing respiratory epidemic across the country, alongside rising Covid cases, NHS care backlog and other patients who have not come forward during the pandemic now coming forward, the GPC would again advise GP practices that it is for them to determine how they meet the reasonable needs of their patients in line with their contract.

JCVI and NHSEI guidance on Covid-19 booster vaccine programme

The [Joint Committee on Vaccination and Immunisation \(JCVI\) has issued interim guidance advising that any potential Covid-19 booster programme](#) should be offered in two stages from September, starting with those most vulnerable, including care home residents, people over 70, frontline health and social care workers, clinically extremely vulnerable adults and those who are immunosuppressed.

Having so effectively led the Covid-19 vaccination campaign, and with their proven track record of delivering flu jabs every year, GPs and their teams must be enabled to play a pivotal role in the booster programme, delivering both vaccinations directly to local communities from their practices.

Following the guidance issued by JCVI on the need for a Covid-19 booster programme alongside the annual flu vaccination programme, NHS England and NHS Improvement (NHSEI) has now issued [guidance on Covid-19 Vaccination Autumn / Winter \(Phase 3\) planning](#). It highlights that local systems should prepare to deliver booster doses of Covid-19 vaccine to the individuals outlined in the JCVI interim guidance between 6 September and 17 December 2021 (15 weeks), as quickly and safely as possible in two stages using supply available to us over that period. It suggests doing this through community pharmacy, vaccination centres and general practice but suggests that whilst GP practices delivered the majority of vaccines in phase 1, in phase 3 local plans should be for a minimum of 40% of Covid-19 booster vaccination through general practice and a maximum of 75%. The General Practitioners' Committee (GPC) is seriously concerned that this may be interpreted as a cap on general practice involvement in the winter vaccination campaign and, whilst historically local pharmacies have played a role in delivering flu vaccinations, the GPC believe that most practices will, as part of their annual planning, be already making plans for the delivery of flu vaccination as usual this winter. It's imperative therefore that local systems and NHSEI enable local practices that want to take part in this programme to receive sufficient Covid vaccination in order to provide this to their patients and do not place barriers in the way of them doing this. Furthermore, adding an additional 1,000 community pharmacy sites in the run-up to September should not be done in such a way as to undermine practice involvement in this crucial phase of the pandemic. Read the GPC's full statement [here](#).

Updated Covid-19 vaccination enhanced service specification

The [Covid-19 Vaccine Enhanced Service specification](#) has been updated – key amendments include:

1. Introduction of a three month-maximum period for payment claims.
From the beginning of June, the deadline for practices claiming payments for Covid-19 vaccinations will be three calendar months following the calendar month in which the vaccination was administered, to ensure good financial governance.
2. A change to permit the administration and payment claim of a single dose vaccine
With the introduction of new vaccines that can be given as a single dose, the specifications have been amended to allow the administration and payment claim of a single dose vaccine.

Covid-19 vaccination programme – 15-minute observation period (Pfizer)

The General Practitioners' Committee (GPC) continue to question the need for the 15-minute observation period following a Pfizer vaccine – particularly for the second or subsequent doses.

The Medicines and Healthcare products Regulatory Agency (MHRA) has informed the GPC that the evidence related to this is regularly reviewed by their Expert Working Group, but as yet no change has been made.

Alternative point of care systems available

New assured point of care systems for recording Covid-19 vaccinations, EVA Health and TPP systems are being made available for GP practices as an alternative to Pinnacle. This provides greater choice and reduces reliance on any one supplier.

As currently happens, all the data will flow into the GP record within 48 hours. Other supplier systems are likely to be available in the coming months.

For the latest system approval status [visit NHS Digital's website](#).

Demonstrating Covid-19 vaccination status with NHS Covid Pass

People vaccinated in England who have had a full course of the Covid-19 vaccine can demonstrate their Covid-19 vaccination status for international travel. NHS Digital has produced a guide for general practice to provide you with up to date information on the NHS Covid Pass service and it is available [here](#). GPs should not be asked to provide any evidence of vaccination for patients.

FAQs to support general practice and students in higher education institutions

NHS England and NHS Improvement (NHSEI) has published [FAQs to support general practice and higher education institutions](#) which advises that although in general, patients should return to the place they had their first dose to have their second dose, students in higher education are able to receive their second dose in a different location to their first dose if they have relocated.

The National Booking Service has an option to book or re-arrange the second vaccination appointment at a different location to the first appointment.

The guidance also advises on what the options are for students who had their first dose in Wales, Scotland or Northern Ireland, but is in England at the time of their second dose. If a person has received a first dose of Covid-19 vaccine overseas with a vaccine that is also available in the UK, they should receive the same vaccine for their second dose. If the vaccine they received for their first dose is not available in the UK, the [most similar alternative](#) should be offered.

PCN handbook

The new Primary Care Network (PCN) handbook for 2021/22 has been published and is available on the [British Medical Association \(BMA\) website](#). The handbook has been updated to include the changes agreed as part of the [2021/22 GP contract](#).

Locum doctors in the NHS: understanding and improving the quality and safety of care

Manchester University is conducting a research project examining how temporary/locum doctors work in the NHS. They will look at what they do, how their work is organised, and what effects these factors might have on the quality and safety of healthcare for patients. Their aim is to help find ways to improve the working arrangements for locum doctors and the quality and safety of patient care they provide. For more information, including how to take part, see [here](#).

Freedom to speak up

A new [report](#) from National Guardian's Office illustrates the challenges and benefits of implementing freedom to speak up in different primary care settings. 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

Pension guidance for retired doctors – reminder

From 25 March, 2020, due to the Covid-19 pandemic, the [UK Government's emergency legislation](#) temporarily suspended some of the regulations governing the administration of NHS pensions, allowing doctors who have recently retired from the NHS to return to work, and for retired doctors who had already returned to work to increase their commitments without affecting their pension benefits.

These measures include the temporary suspension of the 16-hour rule when members of the NHS Pension Scheme take retirement.

Following the end of the Covid-19 outbreak, a six-month notice period will be given to staff and employers at the end of which the suspended regulations will take effect again. Staff and employers will therefore have six months' notice to readjust their working patterns, where necessary.

Read more in the [NHSBSA guidance on the rules currently on hold](#).

Enhanced shared parental leave system for salaried GPs

The new [enhanced shared parental leave](#) system for salaried GPs has been launched across the UK and will allow for up to 50 weeks of the 52 weeks maternity leave to be shared between the parents. Eligible parents are also able to share up to 37 weeks of statutory shared parental pay (equivalent of statutory maternity pay).

The ESPL system will be offered by employers at GMS and some PMS practices. Employees may request for this new form of leave to be included in their contracts, in line with provisions for junior doctors and agenda for change staff. This change to a more flexible form of leave supports the General Practitioners' Committee's (GPC) commitment to address the gender pay gap.

[Find out more about enhanced shared parental leave entitlements](#) and read the updated [Salaried GPs handbook](#).

Climate change

Climate change is everyone's business and recently all Primary Care Networks (PCNs) nominated a lead for their area to help tackle carbon emissions in general practice. NHS Kernow has submitted a bid for some funding to support clinical backfill and provide a coordinator for this work.

The following links are to a Lancet video and brilliant interview on Radio 4 with Dr Tamsin Ellis who is a fantastic green champion in London.

[The Lancet countdown on health and climate change: 2020 report - Bing video](#)
[BBC Radio 4 - Four thought, climate consultations](#)

Please also see the [green impact for health toolkit](#) and the [greener practice website](#) for other useful information.



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

Produced by Kernow Local Medical Committee. Copy submissions for the August 2021 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by Friday, 23 July, please.

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