



August 2021 Edition



### **PAG – what is it?**

**Editorial by Dr Pete Merrin, Kernow LMC  
Committee Member and PAG representative**

NHS England (NHSE) has established Performers Lists Decision Panels (PLDPs) and Performance Advisory Groups (PAGs) within area teams to support its responsibility in managing performance of primary care performers. The PAG's role is investigative and advisory; the role of the PLDP is to make decisions under the Performers Lists regulations. The PAG considers all complaints or concerns that are reported about a named clinician and can determine whether an initial investigation should be carried out. If action is considered to be necessary under the Performers Lists regulations, the case is referred to a PLDP.

Possible sources of concern include General Medical Council (GMC) complaints, complaints made direct to NHSE, whistle-blowers, concerns raised by secondary care, the coroner, colleagues, self-referrals, Care Quality Commission (CQC) inspections and media coverage.

Concerns could relate to issues such as:

- Poor clinical performance
- Ill-treating patients
- Unacceptable behaviour such as harassing or unlawfully discriminating against staff or patients
- Breaching sexual or other boundaries with patients, colleagues or staff
- Poor teamwork that compromises patient care
- Personal health problems which lead to poor practice or conduct
- Not complying with professional codes of conduct
- Not complying with medical revalidation requirements
- Poor management or administration which adversely affects clinical care
- Suspected fraud or criminal offence.

In the first instance, the issue will be reviewed by a GP clinical lead to decide what further actions should be taken to better understand the concern – this will usually include contacting the doctor to ask them for their explanation and any further information that they can provide. A case pack is prepared for the PAG and distributed to PAG members and representatives a week before the PAG meeting. The PAG is held monthly and includes a GP, a senior performance manager, a representative of the Responsible Officer and a lay member as decision-makers. There is Deanery and LMC representation to help and inform the PAG. The PAG in our area covers Cornwall, Devon, Avon and Somerset. We are lucky that the LMC has representation – although not in statute – from all areas and a prominent role

in our PAG. Our views are actively sought and considered on each of the cases that are heard.

The group considers all potential performance concerns and decides what further action is needed. That action may include:

1. No further action, information will remain in GP's performance file (until next revalidation)
2. Request that the GP reflect on the incident and include their learning at their next appraisal
3. Request that the GP undertake further reflection/learning/audit depending on concern
4. Request for an occupational health assessment
5. Instigate a formal investigation of the concern, using a case manager and case investigator
6. Referral for a Practitioner Performance Advice (formerly National Clinical Assessment Service, NCAS) assessment
7. Request a Deanery educational assessment
8. A referral to the Performers List Decision Panel (PLDP) to consider action under the Performers List Regulations (2013): this may include voluntary restrictions, formal conditions, removal from the list or suspension
9. Referral to GMC
10. Immediate referral to the Responsible Officer and one other Director to consider an immediate suspension from the National Medical Performers' List.

Being referred to PAG is scary and worrying. I have been subject to a PAG referral myself. It is, however, a fair process and although it can feel very uncomfortable, it is generally very supportive of those clinicians referred to the service. Our local PAG is currently ably led by Dr Liz Thomas, who is herself a very experienced GP. In my view the PAG is even handed and supported by experienced and wise NHSE staff. Our local process is, in my view, fair and robust and as an LMC representative I feel it is even handed.

The LMC can help support GPs through this process via our Pastoral Support Team (please contact the office or visit the [website](#) for further details). Furthermore, we can help with navigating the process and give advice on how to respond to PAG requests. Generally, it helps if the clinician and practice concerned behave in a reflective rather than a defensive manner. The demonstration of insight into why or how something has occurred will be viewed positively. It can be slightly depressing reading defensive replies to patient complaints rather than an understanding, genuine and empathic reply. NHS Resolution has produced a leaflet on '[Saying Sorry](#)' where this is appropriate.

Finally, good and accurate clinical records never harmed any clinician trying to defend a clinical complaint. The recording of clinical observations (temp, pulse, Sats, BP, respiratory rate etc) are surprisingly absent from records when it would appear they are most needed. This is not to say that they have not been done, just not recorded.

We will all make errors at some point in our working lives. This is inevitable. Unsurprisingly, however, it is how patients feel after a consultation that can make the difference to whether a complaint is made if a clinical error has occurred. Time, empathy and compassion go a long



way into making a complaint less likely. The LMC can and does support GPs through all performance procedures – local, regional and national – without judgement.

### **Late payments to GP practices**

The LMC encourages GP practices to check that Quality Outcomes Framework (QOF) aspiration payments have been made in full and on time following local reports of individual shortfalls of over £100,000 which remain outstanding.

The LMC is also aware of instances where GP practices are awaiting payment shortfalls for the Additional Roles Reimbursement Scheme (ARRS) and the General Practice Prescribing Quality Scheme (GPPQS). The team at NHS Kernow is aware and working to support us in finding an immediate solution.

This issue, in large part related to ongoing problems with the new Primary Care Support England (PCSE) Online payment system, is causing tremendous financial pressure and could cause serious problems for some GP practices in terms of cashflow, planning and delivery of services.

If your GP practice has been adversely affected, please contact the LMC

at: [admin@kernowlmc.co.uk](mailto:admin@kernowlmc.co.uk) with your estimated current shortfall so we can raise this urgently on your behalf, or get in touch with NHS Kernow's Finance Team direct

at: [nhskernowccg.primarycarefinancequeries@nhs.net](mailto:nhskernowccg.primarycarefinancequeries@nhs.net)

The General Practitioners' Committee (GPC) is aware of multiple issues with PCSE's online pay and pensions portal and has just launched a short online [survey](#) for GPs to share their own experiences, to provide robust evidence to hold PCSE to account. A more extensive survey for practice managers will also launch shortly.

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.

### **Women's health update**

**By Dr Sarah Gray, GP Specialist in Women's Health and Kernow LMC Committee Member**

During lockdown fewer intrauterine device and contraceptive implants fittings were performed. The funding that would have paid for this activity in Cornwall has been retained and is available. You may wish to consider offering additional sessions within your Primary Care Networks (PCNs) to take advantage of this. The enhanced service regulations allow you to claim for services made available to other GP practices.

There is a national initiative to develop women's health hubs within PCNs to expand from contraception to manage other interrelated issues, such as heavy periods and prolapse. This will need formal commissioning, but may be an early win for the Integrated Care System (ICS). The need for additional funding into primary care to enable this initiative was stressed when I spoke to the All-Party Parliamentary Group in July.

The emphasis of the National Chlamydia Screening Programme (NCSP) is changing – moving to a primary focus on reducing the harm from untreated chlamydia. This predominantly affects women. From the perspective of primary care, asymptomatic screening of young men is no longer expected. Please remember, however, to offer opportunistic screening to young women, in particular at contraceptive appointments, to identify infection early and treat as soon as possible. Screening at, or before, each partner change will be recommended.



Training continues to be a challenge for many reasons, but will be needed. Information, education and support are the first requirement. The webinars, podcasts and documents produced by the Primary Care Women's Health Forum can be commended. They are available [here](#). I feel confident to say this, despite my declared interest of being a director of this organization, as the drive has been to support colleagues nationally through the difficulties. The intention is to produce robust, appropriate, and affordable learning programmes as we move forward.

The Faculty of Sexual and Reproductive Healthcare (FSRH) has revised its diploma training and details can be found on its [website](#). This requires an assessment half day to complete, and we have a date in the diary for 13 November in Cornwall. No more details yet, but they will be available by September.

### **Keeping the Peace (or not)**

**By Dr Phil Trevail, Kernow LMC Executive Team Member and GP Partner at Carn to Coast Health Centres**

On Monday and Tuesday of this week two of Carn to Coast's sites in Pool and Camborne were 'visited' by a group of purple tabard wearing protesters calling themselves the ['Peace Keepers'](#).

They demanded to see and know the identity of a partner in the practice. They refused to wear masks, and one was recording video footage on a mobile phone with no regard for the confidentiality of our staff or patients. There were twelve to fifteen on one site and six or seven on the other. They were 'forceful and intimidating' to two of my male colleagues, leaving them quite shaken unsettled and upset for a while afterwards. The group were protesting at the 'illegal' nature of our requirement for masks and social distancing. They were clearly anti-vaccination and anti-testing and were even challenging about our use of hand sanitiser.

They handed us a signed document purporting to be a legal notice of 'Caution Unlawful Breach of the People's Peace' served upon us to 'Cease your claimed enforcement rights and Desist until this dispute is settled'.

We called the police on both occasions and will do so again if they return.

We understand that they also visited another local practice on Tuesday this week and served the same document.

Colleagues will want to be aware that they may too be visited.

### **General Practice Data for Planning and Research Programme deferred**

NHS Digital and the Government have announced that they have agreed to [delay the introduction of the new General Practice Data Programme \(GPDPR\)](#). Patient data used for life-saving research will benefit from even greater protection and assurances owing to tougher safeguards that will be put in place ahead of the GPDPR rollout.

While NHS Digital will continue to develop the infrastructure and engagement for the programme, they are not setting a specific start date for the collection of data. This means that the 1 September date no longer stands.

Data collection will now only begin when the following criteria have been met:

- The ability for patients to opt out or back in to sharing their GP data with NHS Digital, with data being deleted even if it has been uploaded, and outstanding opt outs being processed.



- A Trusted Research Environment is available where approved researchers can work securely on de-identified patient data which does not leave the environment, offering further protections and privacy while enabling collaboration amongst trusted researchers to further benefit patients.
- A campaign of engagement and communication has increased public awareness of the programme, explaining how data is used and patient choices.

Read the joint statement from the GPC and the RCGP [here](#). Kernow LMC can confirm that no further action is required by practices at this stage.



### **Physical health monitoring for adult eating disorders**

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

Managing patients with eating disorders remains an area frequently escalated as a risk in primary care, Cornwall Partnership NHS Foundation Trust (CFT) and at the Royal Cornwall Hospitals NHS Trust (RCHT).

The Specialist Adult Eating Disorders Service in Cornwall has recently appointed a dual qualified physical/mental health nurse to assist in the physical health monitoring of those with severe eating disorders presenting with high physical risk. This nurse will also support the team with mental health assessments of those whose mental health increases risks to their wellbeing. The team are also supported by a Consultant Psychiatrist and Junior Doctor who work with the team one day a week. This pilot project aims to explore the potential benefits of having physical and mental health nursing skills within the team for high-risk patients. It is anticipated that by including nursing to the team it will strengthen the multidisciplinary approach already offered by the Psychology, Dietetic and Occupational Therapy staff.

This skilled nursing role will gather the necessary information required to make clinical decisions around patient safety, including SUSS tests and Mid Upper Arm Circumference and those presenting with high physical risks such as described in the Alert category in the RCHT Eating Disorder and Low Body Weight Management for Patients Clinical Guidelines.

The nurse will either see people in a clinic setting or in their home where appropriate.

We expect that the nurse's role will include:

- The overseeing and supporting of patients leaving or waiting for specialist healthcare beds, for example, acute hospitals and specialist eating disorder units.
- Overseeing patients needing more intensive short-term monitoring.
- Providing advice and guidance to GP practices about refeeding syndrome risk.
- To assist where complex co-morbidities are present such as Type 1 Diabetes.
- To take a proactive and assertive approach to working with those patients who struggle to seek help when experiencing physical health concerns.

This role will be fully evaluated after three months and we will look forward to receiving your feedback contributions as part of this process.



# CONNECT

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## Special Allocation Scheme latest

**By Tessa Goodchild, Corporate Services Programme Manager at Kernow Health**

From 1 July, Kernow Health has been commissioned by NHS Kernow to deliver the Special Allocation Scheme service – previously the Violent Patient Scheme – in Cornwall.

The vast majority of patient contact will be via Kernow Health clinicians, who will provide telephone or video consultations. Additionally, we are working with four GP practices around the county who will provide the face-to-face appointments, should these be needed, attended by security staff.

If you have any questions about the scheme please contact Bonnie

Rowe [bonnie.rowe@nhs.net](mailto:bonnie.rowe@nhs.net) or Maria Harvey [maria.harvey7@nhs.net](mailto:maria.harvey7@nhs.net)

## Minor eye conditions

Primary Eyecare Devon, provider of the Minor Eye Conditions Service (MECS) would like to remind GP practices in East Cornwall about the criteria for patients to access it.

The service has been running since 2018 and throughout the Covid-19 pandemic. Optician practices will triage patients who contact about MECS and see all eligible patients.

See the [attached](#) patient leaflet which details the eligibility criteria for MECS and the participating practices.

Any questions, please contact Primary Eyecare Devon via [pedevon@nhs.net](mailto:pedevon@nhs.net)

## Data Protection Officer reminder

Local GP practices are reminded that Bev Gallagher, Head of Information Governance at NHS Kernow, is acting in the role of Data Protection Officer (DPO) for advice and guidance purposes. Please ensure that you direct messages and queries to Bev in the first instance via [beverley.gallagher@nhs.net](mailto:beverley.gallagher@nhs.net) – and not her colleagues at NHS Kernow.

## Top tips to make your GP practice more sustainable

**By Kath Brown, Watergate Primary Care Network Green Lead and Member of NHS Kernow's Sustainability Group**

It is estimated that 1 in 20 journeys in England are due to NHS staff and patient travel. Travel is the second biggest contributor to the carbon footprint of primary care. How could you make your journey to work or in work more sustainable – and grab an easy exercise 'win' too?

Is it possible to walk or cycle? Do you have a cycle to work scheme? If further afield, could you park further away and walk or cycle the last few kilometers? Or how about a car share? You could look at carrying out a staff travel audit or sign up to be a [RCGP active practice](#).

We know physical activity is good for health. Speak to patients about how they attend their appointments and how to increase activity into their day using resources like moving medicine.

A recent patient travel questionnaire showed that patients are happy to look at reducing their journeys to the surgery if it helps the environment. Can we reduce the number of repeat visits for bloods/examinations/dressings?

Local GP practices are reminded that Dr Phil Trevail is the Green Lead for Kernow LMC and can be contacted via: [admin@kernowlmc.co.uk](mailto:admin@kernowlmc.co.uk)



## IGPM winter planning support

Nicola Davies, a founder member of the Institute of General Practice Management (IGPM) and Practice Manager at the Roseland Surgeries, considers the support the IGPM can offer the practice management community with the demands of the upcoming winter months ahead in a new [podcast](#) (with thanks to Ockham Healthcare).

## General Practice Enhanced Service Specifications for the Seasonal Influenza Vaccination Programme 2021/22

NHS England and NHS Improvement (NHSEI) has published the two [Enhanced Service Specifications for the Seasonal Influenza Vaccination Programme 2021/22](#). This follows the publication of the [Annual Flu letter](#).

The service specifications for 2021/22 are largely based on the 2020/21 flu service specifications, with the exception that the Seasonal Influenza Vaccination Programme specification (covering adults and at-risk groups) will be commissioned as an Enhanced Service this year to enable greater responsiveness to any subsequent JCVI advice or Government policy. The Childhood Seasonal Influenza Vaccination Programme 2021/22 was previously commissioned as an Enhanced Service. The Enhanced Services will be offered to all GP practices providing essential services and will not be capable of amendment by clinical commissioning groups (CCGs).

A further key change to the Seasonal Influenza Vaccination Programme 2021/22 Enhanced Service Specification is that for this season, GP practices will be able to vaccinate various cohorts of patients that are not registered with the practice.

The LMC reminds GP practices that these Enhanced Services cannot be amended locally and they should be mindful of the risk that they will be varied unilaterally by NHSEI centrally, at which point, they can serve notice to withdraw.

## Flu vaccination explained

Public Health England (PHE) has updated its [patient information leaflets](#) explaining who is eligible for the flu vaccination this winter and why they should have it.

## Withdrawal of Covid SOP for general practice

NHS England and NHS Improvement (NHSEI) has confirmed that the [Standard Operating Procedure for general practice](#) that has been in place since March 2020 has been withdrawn from 19 July, 2021.

Given the current challenges facing general practice, the GPC again advises GP practices that it is for them to determine how they meet the reasonable needs of their patients in line with their contract. Guidance from NHSEI is guidance.

NHSEI has also published a [letter](#) that confirms that the existing Covid-19 [Infection Protection and Control guidance](#) continues to apply in healthcare settings and that contractors will continue to have NHSEI's support in enforcing the IPC guidance.

The letter also states that the following provisions will continue under the [Pandemic Regulations](#) until 30 September 2021:

- A suspension of the requirement for practices to report about the Friends and Family Tests.



- A temporary suspension of the requirement for individual patient consent in certain circumstances, to encourage increased use of electronic repeat dispensing (eRD).
- A continuation of the temporary increase in the number of appointment slots that practices make available for direct booking by 111, up to one slot per 500 patients per day, although the GPC believe that for most practices 1 per 3000 in line with the core contract should be sufficient.

### **DVLA – fitness to drive**

During the Covid-19 pandemic many drivers' licences have expired. The Driver and Vehicle Licensing Agency (DVLA) initially gave extensions so that people could continue to drive and work. Many of these are coming to an end and so some are being told by the DVLA to ask their GP if they are 'fit to drive' under Section 88 of the Road Traffic Act 1988. GPs are not usually qualified and may not be indemnified to advise patients whether they are fit to drive. In normal circumstances, factual reports are sent to the DVLA so that their expert medical advisers can decide upon fitness. If a GP were to provide an opinion that their patient was 'fit to drive' and then there was an accident the GP might be liable. This would not be covered by the Clinical Negligence Scheme for General Practice as this is not NHS work. It is recommended to write to the DVLA explaining that as a GP your place is not to provide an opinion as to an individual's fitness to drive, but that you can provide factual information about your patient's health with their consent. GP practices may wish to publish an explanatory note on websites or noticeboards, so that patients are forewarned about their policy.

If a GP chooses to produce a bespoke report prepared for the DVLA for a patient a fee may be charged.

### **New guidance on CQC's monitoring approach**

The General Practitioners' Committee (GPC) is seriously concerned about the [Care Quality Commission's \(CQC\) new approach to monitoring GP practices](#) and has raised this with the regulator directly.

GP practices will understandably be anxious about the implications, not least when they are struggling with record demand and significant workload pressures.

Whilst the CQC has a legal responsibility to inspect healthcare providers and ensure the safety of services to patients, it has been doing this throughout the Covid-19 pandemic through its Emergency Support Framework (ESF). The GPC has called for a continuation of this ESF approach, which is much more proportionate, and has misgivings about a move towards greater inspection numbers linked to a risk stratification approach that is new and not widely trialled.

The LMC can support local GP practices by being present on the day of inspections if that is helpful. For more information, or to confirm those arrangements, please contact us at [admin@kernowlmc.co.uk](mailto:admin@kernowlmc.co.uk)

### **Exploring issues faced by general practice services led by GPs from an ethnic minority background**

The Care Quality Commission (CQC) has listened to concerns that GP practices led by doctors from an ethnic minority background receive poorer CQC ratings or regulatory





outcomes. Over the next few months, it will carry out work to understand this issue, the impact of its current regulatory approach and the experiences of GPs from an ethnic minority background. Read more [here](#).

The LMC meets regularly with the local CQC inspection team, so if any GP colleague has matters they wish us to raise or feed back on this or other relevant matters, please contact us at [admin@kernowlmc.co.uk](mailto:admin@kernowlmc.co.uk)

### **CQC recognition for the IGPM**

The Care Quality Commission (CQC) is the latest national body to recognise the role and influence of the newly-formed Institute of General Practice Management (IGPM) – which represents PMs – and to pledge to work closely with it.

Vicki Wells, CQC Deputy Chief Inspector, said: “Practice managers play a key role in delivering general practice. Their leadership has a significant impact on the ability of a practice to deliver safe, effective and good quality care.

“We want to hear the voice of practice management and to understand what general practice needs to continue to deliver good care and influence the implementation of our new strategy. To help us to do this we look forward to working closely with the IGPM.”

Kernow LMC is fully supportive of, and engaged with, the IGPM.

The IGPM has also announced it will be working closely with the National Association of Link Workers to support each other to understand how practice managers and social prescribing teams can work together to increase capacity and improve health outcomes for patients.

### **Reminder – transfer of electronic patient records from English to Welsh GP practices**

The GP2GP electronic patient records transfer system does not work for patients moving from England to Wales. When a patient registered with a practice in England has transferred to a practice in Wales, and the practice receives a request to transfer the patient record, check that the Lloyd George envelope contains a full printout of the electronic record and is sent via the Primary Care Support England (PCSE) process.

### **Guidance on the rollout of the medical examiner system into non-acute settings**

GP practices recently received correspondence from NHS England and Improvement (NHSEI) about the [rollout of the medical examiner system into non-acute settings](#). Useful new [guidance](#) is now available which sets out what the medical examiner (ME) system is, how it applies to general practice and what is/will be required of GPs (with thanks to Londonwide LMCs).

Kernow LMC is in regular discussion with ME team in Kernow, to support a pragmatic roll out across the community settings in the Duchy.

### **Early cancer diagnosis**

GPs from Macmillan Cancer and Cancer Research UK have produced some short videos sharing advice on how to deliver the requirements in the Primary Care Network (PPN) service specification 2021-22 for early cancer diagnosis. View them [here](#).



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## Abuse is not in a day's work

The majority of people who need support from GP practices do so in a respectful way that helps create a safe environment for all. Sadly, a very small number of people can be abusive and aggressive to staff and other patients. To help support your practice in a zero tolerance approach, [campaign material](#) is available which you can print as posters, use on your website or circulate via your social media channels (with thanks to Leeds Clinical Commissioning Group).

## Domestic Abuse Act 2021

This legislation is intended to raise awareness of the impact of domestic abuse on victims and their families, improve the effectiveness of the justice system, and strengthen the support for victims of abuse by statutory agencies.

It creates a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.

Among the key provisions are a duty on local authorities in England to provide accommodation based support to victims of domestic abuse and their children in refuges and other safe accommodation.

It will also prohibit GPs and other health professionals in general practice from charging a victim of domestic abuse for a letter to support an application for legal aid.

Most of the provisions of the act will come into force during 2021/22 when the necessary regulations and preparatory paperwork is completed.

More information can be found [on this page on the gov.uk website](#).

## NHS patients, staff and visitors must continue to wear face coverings in healthcare settings

NHS England (NHSE) has confirmed that everyone accessing or visiting healthcare settings must continue to wear a face covering and follow social distancing rules.

Covid restrictions recently ended in many settings, however, Public Health England's (PHE) infection prevention control guidelines and hospital visiting guidance are set to remain in place for all staff and visitors.

That means NHS visitor guidance will stay in place across all health services including GP practices, dental practices, optometrists, pharmacies and hospitals to ensure patients and staff are protected.

Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any care setting, as well as using face coverings and other personal protection equipment.

The NHS will continue to support staff in ensuring that the guidance is followed in all healthcare settings. Read NHSE's full statement [here](#).

The move follows thousands of doctors in the UK saying they wanted face coverings to remain mandatory in a British Medical Association (BMA) survey – 91% of doctors believed masks should continue to be worn in healthcare settings where practical and 90% said they should continue to be worn on public transport. Read more [here](#).

## Staff isolation approach following updated Government guidance

NHS England (NHSE) has issued [guidance](#) for allowing essential frontline staff to return to work following a negative PCR if they have been asked to isolate due to potential contact with Covid-19.

## Local and national vaccination booking systems joined up

GP practices and Primary Care Networks (PCNs) that use the accuRx local booking system for Covid-19 vaccinations can now access booking history information for their patients from the national booking service (NBS).

You can use this information to avoid contacting people who have already booked by the NBS and reduce rates of appointments recorded as 'Did Not Attend'. More information is available [here](#).

## Extension of the Medicines Delivery Service during the Covid-19 pandemic

The Medicines Delivery Service for self-isolating patients was commissioned from community pharmacies and dispensing doctors from March 2020 until 30 June, 2021. The Department of Health and Social Care (DHSC) has now announced it will be extended until 30 September, 2021. Read more [here](#).

## New enquiry service about Covid-19 vaccination records

A new service is being established to support the public with specific queries about their Covid-19 vaccination records. It is expected to launch in August and will initially address issues around vaccination records for those who have been vaccinated in the UK and queries about vaccinations displaying in the NHS App.

## Pay announcement creates funding gap for GPs

GPs' efforts during the Covid-19 pandemic have been ignored by the Government, say the General Practitioners' Committee (GPC), with the pay [announcement](#) criticised as 'smoke and mirrors'.

For salaried GPs, a 3% uplift is more than the 1% the Government recommended at the beginning of the year and is the highest uplift they have received in many years. However, 3% does not compensate for the years of pay erosion experienced by all doctors. Moreover, the Government has said that practices in England will not be given additional funding on top of the 2.1% for staff already allocated for this year which means GP partners could be faced with deciding between service cuts or being able to pay the full amount to salaried GPs. It is therefore not acceptable and disingenuous to speak of an uplift, while refusing to provide the necessary funding. The GPC has made its grave concerns known directly to the Health Secretary.

In their evidence, the Department of Health and Social Care (DHSC) highlighted the 'vital role' that general practice had played in the pandemic response and the Doctors' and Dentists' Review Body (DDRB) underlined the critical importance of general practice and primary care more generally. In acknowledging the contribution of all doctors in the pandemic response, the DDRB also urged ministers to consider additional recognition for



groups outside of their remit for this year, including GP contractors. Salaried GPs were roundly praised for their work throughout the pandemic and their adaptation to ensure the continued success in their role, including the use of technology. It is worth also noting the announcement that GP trainer grants will increase from £8,584 to £8,842 and GP appraiser fees will increase from £543 to £559. These will be backdated to 1 April, 2021.

The GPC say the Government has completely and shamefully ignored the incredible response made by GP partners and their teams during the pandemic, suggesting that this year's pay award was to recognise the role played by other NHS workers. This will further damage GP morale and demonstrates that the Government does not value general practice as it should. The Government chose to ignore the DDRB's clear statement that pay awards needed to be appropriately funded in order to avoid 'a negative impact on service provision'.

### **GP appointments up 31% compared with pre-pandemic levels**

General practice in England delivered 31% more appointments in June this year than in June 2019 once Covid-19 jobs are factored in, according to [official data](#) that reveals the extent of pressure on primary care.

The data shows that even excluding Covid-19 vaccine appointments, total appointments in general practice in June 2021 were just over 13% up on the same month in 2019, before the pandemic.

GP practices in England delivered over 31.1m appointments in total in June 2021 according to the figures from NHS Digital – including 4.2m as part of the Covid-19 vaccination programme.

An estimated 26.9m appointments were delivered not including the Covid-19 vaccination programme - up 13.1% from 23.8m in June 2021. Once Covid-19 jobs are included, the rise compared with June 2019 comes to 31%.

### **2021 GP Patient Survey results**

Despite the challenges of the Covid-19 pandemic, the national 2021 GP Patient Survey results show most patients had a good overall experience of their GP practice – up 1% on last year to 83% this year. The key findings are available [here](#).

Dr Richard Vautrey, Chair of the General Practitioners' Committee (GPC), said: "This is a sign of the incredible hard work and dedication of all in general practice who have gone beyond the extra mile to do their best for their patients at the height of the pandemic."

### **Women at the heart of general practice' online exhibition**

The Royal College of General Practitioners (RCGP) has launched its first online exhibition 'Women at the heart of general practice' celebrating inspiring stories from historic pioneers to contemporary GP leaders. You can view it [here](#).



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## 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 September 2021 newsletter should be emailed to Richard Turner, Communications Lead at the LMC, at [rich@kernowlmc.co.uk](mailto:rich@kernowlmc.co.uk) by Wednesday, 25 August, please.

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