



October 2021 Edition



Locum and sessional GP update

Editorial by Dr Angus MacDonald,
Committee Member at Kernow Local Medical Committee

The outbreak of the Covid-19 pandemic seems a very long time ago: as images from Wuhan and Lombardy first appeared on the news in early 2020 and we understood that coronavirus was not a simple URTI, national tension mounted: We received letters encouraging us to be “bold in our decision-making” and emergency legislation was passed relaxing strict post-Shipman death certificate regulations.

We were also mandated to use “total triage”: fine for GP surgeries already fluent in telephone triage but, for many, accommodating the altered risk profile of a non-face-to-face consultation was uncomfortable.

With the first lockdown came a phony war: As all routine work was suspended, GP waiting rooms, A&E departments and hospitals sat quiet. The public, “doing their bit”, didn’t bother the doctor with the myriad of symptoms that defines our working day. Before the delta variant had been conceived, fear of contagion was intense. For the first time in decades, the streets were quiet and GPs could take time to think, consult and talk things through with colleagues. A conversation arose regarding the need to continue engaging locum GPs: Could they not be laid off and good money saved? For a while there was genuine concern that locums would join the lost tribe of the jobless self-employed. However, for most at least, the argument of maintaining a stable, flexible, skilled locum workforce across the Duchy prevailed and pre-covid agreements were honoured.

The year progressed; Boris caught and survived it. Lockdown relaxed – in patches. Masses headed to the South West’s beaches (where the councils kept the toilets closed). Despite this, incidence numbers remained low in Cornwall and, as we watched pressure rise elsewhere, we felt immune and quite smug. Then kids went back to school and staycation took its toll. Christmas was cancelled and the smugness evaporated as, over succeeding months, local ITU surge bed capacity was overwhelmed. We endured another lockdown and oversaw the biggest vaccination programme in UK history. The last six months have been a trial of balancing staff absence, infection control and remote triage with resurgent demand and system failure. Mirroring our workload and adding to it was South Western Ambulance Service NHS Foundation Trust’s (SWAST) major incident in which they recorded the highest demand on record.

So where are we now? Despite maintaining 1.2million GP appointments in the past year and holding primary care afloat through the chaos, old habits have crept back. The Daily Mail has mobilised an adversarial F2F campaign, based on limited evidence and supported by the Minister for Health who appears equally under-informed. Almost undisputedly as a direct consequence, GPs have been verbally and physically assaulted: “From Clap to Slap” as

Clare Gerada puts it. In addition to managing mass vaccinations there have been logistic delays and a Third World-esque blood bottle shortage. Then, of course, there is the enormous demand on the healthcare system – both our own patients and those spilling over from the biggest secondary care waiting lists seen since the Thatcher era. Winter infections are still to come and, to round things off, the same national paucity of workforce that contributed to so many partnership collapses two years ago, still exists. Put simply, it is very tough at present.

How does this affect locum and sessional doctors? Remember almost two years ago when those GP surgeries kept us on, even though there was more coffee than patients? Now is our chance to repay that loyalty. Call your surgery and offer them your support. After all, Cornwall needs a stable network of GP practices and so do you...

Media coverage – General Practice in Cornwall on brink of a crisis

The LMC has issued a [media release](#) and audio to raise awareness and understanding about the pressure facing general practice in Cornwall – and to counter the toxic narrative about GP access in the national media.

It generated coverage from BBC Spotlight, [BBC Online](#), Heart Radio South West, [Pirate FM](#), [Cornwall Live](#), [the Falmouth Packet](#), [Pulse](#) and [GP Online](#), as well as on social media.

Meanwhile, the General Practitioners' Committee (GPC) is aware that with the intense national media vilification of general practice some journalists are approaching local GP practices directly for comment. There is no obligation to respond to the media. If GP practices would like guidance about a specific situation they can reach the GPC's media team at Media Office MediaOffice@bma.org.uk. Alternatively, contact the LMC at rich@kernowlmc.co.uk

The GPC is also concerned that some publications will send photographers to GP practices looking for photos to support their narrative of primary care being hard to access. The Editor's Code of Conduct, which guides the practice of press organisations in the UK, says that journalists should identify themselves when asked to do so and *that no journalists should operate on healthcare property without permission* – this applies to photographers as well. So if GP practice staff see a possible photographer who is not welcome then the best advice is to ask them to identify themselves and then ask them to leave.

Abuse means...campaign resources

New marketing material is available to support GP practices to deal with staff abuse from a minority of patients.

The material includes visuals, video content for websites and waiting rooms and recorded messages for phone systems. You can download it [here](#).

The LMC has gained approval from colleagues at Humberside LMC for GP practices to use the campaign collateral locally.

Dealing with abuse of practice staff on social media from patients

The General Practitioners' Committee (GPC) has produced advice on steps that GP practices can take against patients who leave abusive comments on social media or websites –

including what to do first, reporting content to the provider and criminal and civil actions.

Read more [here](#).

Implementation of the National Medical Examiner system in Cornwall

Dr Debbie Renwick, Lead Medical Examiner, at Royal Cornwall Hospitals Trust (RCHT)

In 2019, NHS England (NHSE) asked all acute hospital trusts to set up a new Medical Examiner system to review inpatient deaths. The purpose of the system is to:

- provide a better service for the bereaved and an opportunity for them to discuss with a doctor not involved in the care of the deceased.
- ensure that appropriate deaths are referred to the coroner.
- improve the quality of death certification and mortality data by providing independent scrutiny of the cause of death.

Medical examiners are experienced Consultants or GPs. They act as a point of contact for the bereaved and for medical staff completing the medical certificate of cause of death (MCCD) – and they have strong working links with the local coroner. They scrutinise the medical case notes of the deceased person, discuss the cause of death with medical staff, talk to the bereaved family/next of kin, and identify concerns for further investigation by clinical governance systems.

In practical terms, this means that following a patient death, the attending doctor will discuss with a medical examiner (who will have had access to relevant parts of the patient record) before completing the MCCD. The discussion can take place electronically and the medical examiner office aims to provide a same-day response. The medical examiner office can provide advice on accurately recording the cause of death, support with notification of deaths to the coroner, and help in dealing with enquiries from the registration and coroner's offices, and from the bereaved.

The medical examiner office at the Royal Cornwall Hospitals Trust (RCHT) is located within the Bereavement Services Office and currently scrutinises inpatient deaths at RCHT and West Cornwall Hospital. NHSE has now asked medical examiner services to extend the system beyond acute trusts. In Cornwall, preparations are underway for scrutiny of community hospital deaths by the RCHT medical examiner team and initial discussions have been held with Kernow LMC representatives about extension of the system into general practice.

The current plan is for an incremental introduction, initially starting with a single Primary Care Network (PCN), then expanding to cover the whole of Cornwall.

GP practices interested in being 'early adopters' of the medical examiner system are encouraged to contact Dr Debbie Renwick, Lead Medical Examiner, at:

debbie.renwick@nhs.net

More information about the medical examiner system is available [here](#).

Personal Independence Payments

The LMC has received enquiries from GP practices asking if doctors are supposed to do Personal Independence Payment (PIP) applications under GMS or not.

[Guidance on PIP](#) for health professionals from the Department for Work and Pensions (DWP) states: 'There is no requirement for a statement from a GP or other health professional on the PIP claim form.'



Prescribing and monitoring hormone therapy for gender dysphoria

The LMC is aware of local GPs being asked by GenderGP to prescribe and monitor hormone therapy for gender dysphoria – despite no thorough assessment of diagnosis.

A gender dysphoria letter template is available on the LMC's website for GPs to use to contact gender identity clinics about private patients to check that they have received all the information they need to share the patient care and feel confident to prescribe the required medicines.

Download the letter here: [Gender dysphoria letter template to private clinics - Kernow LMC](#) (sign-up required).

Gender Identity Service Transformation Workshop

By Dr Judit Konya, Kernow LMC Committee Member and Salaried GP at Carn to Coast Health Centres

A recent Gender Identity Service Transformation Workshop organised by NHS England and NHS Improvement (NHSEI) considered ways to make non surgical gender identity services in the South West better for service users and staff.

The Laurels, the service in the South West, is currently unable to meet demand, with more than 2,500 patients awaiting for their first appointment.

The Intercom Trust has conducted a survey with 645 trans+ and gender diverse people – mainly from the South West – about their experience with the care provided in primary and secondary care. The report is available [here](#).

The workshop aimed to identify the main issues relating to gender services. Issues concerning primary care were identified such as training, availability of GPs with specialist interest in non-surgical gender services, the referral pathway, prescribing, support by secondary care, medical record keeping, invitation to screening programs, private providers and lack of service integration, among others.

A report will be put together to inform the development of an improved care pathway and further workshops will potentially follow to refine services.

Training is available from the Royal College of General Practitioners (RCGP) LGBT Hub. More information is available [here](#).

ADHD self report scale and patient handout combined

By Dr Colin Hunter, Locum Consultant Psychiatrist at Cornwall Partnership NHS Foundation Trust

The Cornwall Adult Attention deficit hyperactivity disorder (ADHD) Service would like to recommend a [patient handout](#) which requests a written account from the patient about their ADHD symptoms and can be sent with the ADHD referral.

It particularly focuses on the ADHD symptoms before the age of 12-years-old, which is essential for a DSM V diagnosis of Adult ADHD. This is only recommended when referring for a diagnostic Adult ADHD assessment.

Penryn Surgery piloted this handout for their ADHD referrals. It reduced the administrative burden on the GP practice, as requests for further information post-referral were not needed.

We believe that it will increase the patient's knowledge of their ADHD symptoms and reduce the delay in their referral being accepted by our service.



LMC footnote: This issue was resolved after being addressed by the new local Negotiations Committee – a collaborative process involving the LMC, NHS Kernow and local health providers. Our thanks go to Dr Hunter.

Flu update

The LMC can confirm that it is not a legal requirement for a GP to be present as part of the flu vaccination programme.

If there is a written instruction which is valid, provided the staff operating under that written instruction have had all the training and are working within their competency framework, it is not necessary for a registered GP to be on site.

Accurate record-keeping is essential, but that is always the case. GP practices are recommended to update their risk assessment to reflect this has been considered and that appropriate training and other measures are in place.

Meanwhile, the LMC has issued a [media release](#) encouraging people to have the flu vaccination and the benefits of having it at their GP practice.

You will also be aware that [Seqirus](#) has informed GP practices that due to road freight challenges, there will be a delay to scheduled delivery of influenza vaccine. GP practices have been asked not to book any flu clinics until they have received a Delivery Note email from Seqirus.

The General Practitioners' Committee (GPC) has stated that 'this issue is likely to affect a significant proportion of GP practices and have a serious impact on both practice workloads and patients. Many practices will have spent the last few weeks meticulously planning for their flu vaccination programme, inviting and booking patients in for their jobs, only now to have to contact them all again to cancel or reschedule appointments. This causes a huge increase in staff's already unsustainable workloads, and inconvenience and unneeded anxiety for patients who will be keen to be protected ahead of winter. This is on top of the chaos already being caused by the shortage of blood test bottles, which is leaving hardworking doctors and practice teams bearing the brunt of understandable frustrations from patients when the problem is well outside of their control.

That this appears to be stemming from similar issues around freight capacity and transportation is incredibly concerning, and we must ask the Government exactly what it is doing to address this. It is not acceptable for the Government to be leaving these issue to NHS management when NHS management have no levers to resolve them. Ministers must act.'

The LMC has also received reports from local GP practices of delivery issues with AAH pharmaceuticals – with items out of stock or not arriving.

As well as informing NHS Kernow at primarycare.kernow@nhs.net about any issues, local GP practices are asked to also make the LMC aware at admin@kernowlmc.co.uk so we can escalate nationally.

Financial support for the IGMP

The LMC has agreed to provide a contribution of £50 per GP practice from the existing levy to support the [Institute of General Practice Management \(IGPM\)](#) with its aims and work.

The LMC will review this contribution annually. Thank you to those who completed our recent survey for their feedback. We really understand how busy you are, so appreciate it



when you respond to our quick surveys. They are deliberately brief and to the point – it is one important way in which we hear your voice.

The LMC is fully supportive and engaged with the IGPM – the only national organisation run by Practice Managers to represent the profession – and will be working closely with its new regional representatives to address and escalate issues, where necessary.

One of the IGPM's regional representatives for Cornwall and Devon – Steph Tedstone – has just been shortlisted for a national 'Oscars of general practice' award.

Steph has been shortlisted as Practice Manager of the Year at the [General Practice Awards 2021](#). Steph is Management Partner at Compass House Medical Centres, Brixham, and her IGPM regional representative colleague is Kyla Dawe, Practice Manager at College Surgery Partnership, Cullompton.

Their contact details are stephanie.tedstone@nhs.net and kyladawe@nhs.net if you need to raise any issues with them.

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

Plea for Cornwall weighting for workforce funding

Kernow LMC recently invited Dr Krishna Kasaraneni, from the General Practitioners' Committee's (GPC) Executive Team, to talk to local GPs and commissioners about national workforce plans for general practice and answer questions.

One of the key local 'asks' of the GPC was to push for a Cornwall weighting for funding to recognise local housing shortages which can deter prospective GPs and practice staff from relocating to the county.

You can view Dr Kasaraneni's slides shared at the Workforce Strategy Meeting [here](#).

Staff Training Programme 2022

By Nicky Sherry, Administrator at Kernow LMC

The LMC is considering our Staff Training Programme for 2022. We are looking to provide online training from January to April 2022, taking account of the Covid-19 pandemic and then face to face – please let us know your thoughts on this.

We are also exploring new courses. Our selection has been very similar for a number of years and remains popular – but please let us know if there is anything other you would like to see. Email: nicky@kernowlmc.co.uk with your suggestions/queries.

Staff Admin Training Courses for the rest of 2021

By Nicky Sherry, Administrator at Kernow LMC

Places are still available on the following LMC training courses this year (all online over half a day):

- 12/10/21 – Medical Terminology (am)
- 26/10/21 – Assertiveness and Interpersonal Skills (am)
- 11/11/21 – Handling Complaints (am)
- 11/11/21 – Telephone Techniques (pm)

These courses cost £40 per delegate. To book, please email: nicky@kernowlmc.co.uk with the delegate's name and email address and I will invoice your GP practice.



Free financial and accountancy advice

The LMC has arranged for interested GP practices in Cornwall to have a free hour-long financial and accountancy advice session with specialist medical accountants Moore Scarrott Healthcare on subjects of your choice.

This will be an online event, so you can dial in at a time to suit you. Moore Scarrott Healthcare acts for a large number of Primary Care Networks (PCNs), GP practices and sessional GPs around the country.

Areas that you may wish to seek advice on include:

- Accounting for your PCN and maximising the finances of your network.
- Understanding the NHS pension scheme and navigating the Primary Care Support England (PCSE) maze.
- Providing management information for partners.
- Financial considerations and boosting the performance of dispensing practices.
- Use of corporate structures to improve tax efficiency within general practice.
- Premises – restructure with corporate entity or explore refinance arrangements.
- Financial planning to assist with succession and recruiting new partners.

If your chosen subject does not appear above, then simply suggest the content that you want to discuss.

If you are interested in booking a session, please complete the short [expression of interest form](#) outlining your requirements and email it to info@mshealth.co.uk as soon as possible.

The sessions will take place on Thursday, 18 November, from 8am-8pm.

Free seminar on pensions for sessional GPs

Kernow LMC has arranged for interested sessional GPs in Cornwall and Devon to join a free two-hour seminar on the NHS pension scheme with medical accountants Moore Scarrott Healthcare.

This will be a Microsoft Teams event from 7pm-9pm on Thursday, 2 December. Moore Scarrott Healthcare act for a large number of Primary Care Networks (PCNs), GP practices and sessional GPs.

Areas that will be covered include:

- Which pension scheme are you in? Different rules of each scheme.
- McCloud judgement and how this will affect your scheme membership.
- How pension contributions translate to pension growth for salaried GPs and for locums.
- Annualisation and the pitfalls.
- How and why to ensure you are paying the 'right' amount of pension as a salaried GP.
- Type 2 forms and why they are so important.
- Why you should always check your pension record and how to update it.
- Tax effects of being in the pension scheme vs opting out.

There will also be a short Q&A at the end of the session, but given that each individual's position is bespoke to you, Moore Scarrott Healthcare is willing to offer a free follow-up consultation, as necessary, after the event.



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If you would like to book a place for this session, please email info@mshealth.co.uk by Friday, 26 November. A meeting link will be emailed to all delegates beforehand, with slides provided subsequently.

Free remote legal surgery sessions

Kernow LMC has arranged for law firm VWV to provide local GPs and Practice Managers with remote 40 minute 1-2-1 legal advice sessions all day on Thursday, 20 January, 2022. VWV can offer legal advice and support for you and your practice at the sessions on themes including GP incorporations, Primary Care Network (PCN) arrangements and PCN incorporations, primary medical services, regulations/contracts, federations, mergers, super partnerships, disputes, partnership agreements – new and updating, premises, employment, Integrated Care System (ICS) arrangements and contracting, data protection, procurement, Care Quality Commission (CQC), General Medical Council (GMC), immigration and more. If you are interested in booking a session, please complete this [query sheet](#) and email it to ssaib@vww.co.uk as soon as possible.

LMC website

The LMC's new [website](#) contains over 350 pages of information, advice and guidance – with updates added regularly. Sign-up takes two minutes [here](#) if you haven't already registered for secure access to our dedicated GP, Sessional GP and Practice Manager areas.

LMC role in Integrated care systems

The British Medical Association (BMA) continues to lobby on a range of issues relating to the Health and Care Bill, including strengthening the involvement of general practice and the role of Local Medical Committees (LMCs).

As part of this, the BMA has co-signed a [letter](#) with other representative bodies for primary care, to Ministers and the Health and Care Bill Committee, asking for a commitment from Ministers in Committee that:

- The Government honours its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems (ICS) including strategic decision-making forums through formalised roles for GPs, dentists, pharmacists, primary eye care and primary hearing care audiologists in Integrated Care Partnerships (ICPs).
- These roles are remunerated to ensure parity of availability and voice with NHS Trusts, NHS staff, social care and public health colleagues in strategic thinking and decision-making.
- That existing statutory Local Representative Committees, such as LMCs, have the right put forward nominations for those roles.
- Transparency and accountability – ICBs and ICPs to be under duty to explain in writing in public when they choose not to heed advice from local primary care bodies.



Clinical trials in Cornwall

By Dr Nick Jacobsen, National Institute for Health Research's (NIHR) Clinical Research Network (CRN) Primary Care Research Lead for Cornwall

I am the new National Institute for Health Research's (NIHR) Clinical Research Network (CRN) Primary Care Research Lead for Cornwall. In simple terms, I look after and promote NHS clinical trial delivery in Cornwall Primary Care.

I'm really excited about this role, as it's an opportunity to wave the flag for clinical research and promote Cornwall as a great place to deliver and take part in clinical trials.

I've been doing clinical trials in one form or another for eight years and it's fascinating. It's an opportunity to be directly involved in improving care for our patients and increase our knowledge of disease. It presents an opportunity to gain a wider perspective, do something very different, and develop very positive relationships with your patients. Patients love being part of clinical trials – essentially they get a full medical several times a year and feel very well cared for. Recently, one of my patients took part in a [clinical trial](#) asking whether bisoprolol can help reduce COPD exacerbations. He responded so well to the medication that it has changed his life. This is why we do clinical trials.

There are many levels of involvement to suit your available time, from very light touch completely hands-off studies with a lot of CRN staff support, to very involved commercial clinical trials which can become an income stream to support your GP practice's core services. Your involvement in research at any level is equally important, as everything you do makes a positive contribution.

If you fancy a chat about opportunities in clinical research, please get in touch with me at: nicholas.jacobsen@nhs.net

Excellence in Practice

Kernow Health CIC has launched its [new Excellence in Practice](#) programme – a service for member practices to access support in all aspects of their business.

After an unprecedented 18 months, Excellence in Practice offers the chance to regroup and rebuild.

Practices can opt for a facilitated away day to take stock and plan ahead, access self-assessment tools to recognise strengths and areas for development – this could include HR and Finance checklists – or discover how well the practice is doing against a range of clinical indicators used by the CQC.

Created in collaboration with LMC and NHS Kernow, all member practices are [offered a FREE half-day facilitation session](#).

To find out more and get started, [visit the new website](#) or email: kernowhealthcic.eip@nhs.net

Green update

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

The Climate Emergency is making the news on a daily basis and the recent coordinated editorials in the medical journals are a reminder that this is also a health crisis.

So how do we integrate this into our daily practice? The following (stereo)typical consultations might give you some ideas...

- Asthmatic patient high ventolin user presents → check inhaler technique, ?suitable for DPI (much lower carbon footprint) or education regarding use of inhalers. IF need MDI swap to salamol as lower carbon footprint than other MDIs, advice re green disposal of inhalers back to pharmacy.
- IBS/abdo symptoms → plant based diet
- Overweight/prediabetic → low carb /plant based diet, increased walking (reduced car use)
- Single mum with low mood → encourage green prescription eg walk to school, time outdoors.
- Perimenopausal bleeding → talk about reusable period wear (pants/mooncup etc).
- Frail elderly patient → consider deprescribing, reducing unnecessary blood tests/visits to surgery.

See for further info: [Resources \(seesustainability.co.uk\)](https://seesustainability.co.uk)

Local GP surgeries are asked to complete a [survey](#) by NHS Kernow's Primary Care Action Group about their current environmental and sustainability practices to establish the baseline which will feed into a Green Plan. The survey is optional and only takes a few minutes to complete.

GPC to resume meetings with NHSEI

The General Practitioners' Committee (GPC) has now voted on the resolution that 'GPC England agrees to resume formal meetings with NHS England and NHS Improvement (NHSEI)' with 59% supporting this and 39% opposing it.

As a result, the GPC will now meet with NHSEI, but to be clear, and reflecting the views of the Committee, this cannot be 'business as usual'.

Blood bottle shortages

The shortages of Becton Dickinson blood test tubes across GP surgeries and hospitals are severe and the [British Medical Association \(BMA\) has raised concerns](#) that if the NHS does not reduce the amount being used in the coming days, even the most clinically important blood tests may be at risk.

The BMA has [written to the Health and Social Care Secretary Sajid Javid](#) calling for urgent action from ministers to address the shortages outlining the key areas that require urgent attention:

- Public-facing communications from the Government, responding to patients' concerns and outlining how long the current situation is expected to last.
- A clear plan for what happens if the tubes run out before an alternative supply can be put in place.

- Assurances that once supplies return to normal doctors will be supported to deal with the resulting backlog in tests.

The LMC has also escalated this issue nationally. Thank you to those GP practices who have got in touch with us about this ongoing issue.

Oximetry @home scheme funding

In July 2021 there was an announcement of national funding to support GP practices for the period 1 April 2021 to 30 September 2021. £250,000 of this funding was ring-fenced, whilst a decision was made regarding supporting the Oximetry @home scheme.

Following some extensive discussion and engagement by the LMC, agreement has been reached for £60,000 of this funding to be issued to cover delivery of the Oximetry @home scheme for the period 1 April 2021 to 30 September 2021.

We understand that the balance of £190,000 will be allocated to GP practices at the end of October 2021.

Covid-19 Phase 3 and booster vaccinations

The [rollout of the Covid-19 booster vaccination](#) programme has started for the eligible cohorts (aged 50 and over, health and social care workers, and those [clinically extremely vulnerable](#) aged 16 and over).

Those who have had their second vaccine at least six months ago are eligible, and in line with Joint Committee on Vaccination and Immunisation (JCVI) advice, people should receive either one dose of the Pfizer vaccine or half a dose of the Moderna vaccine, which means for some people their booster dose may be different from the vaccines they had for their first and second dose. People could also be offered a booster dose of the Oxford/AstraZeneca vaccine if they cannot have the Pfizer/BioNTech or Moderna vaccine.

Updated [Patient Group Directions and national protocols](#) for use in England for Pfizer BioNTech Covid-19 Vaccine BNT162b2 and Comirnaty have been published.

Regulatory changes on pay transparency

The Department of Health and Social Care (DHSC) has published regulations that will require GPs and their staff with NHS earnings of £150,000 and over in 2019/20 to declare these through national arrangements which will be introduced. The regulations are available [here](#). This information will be published by NHS Digital as part of the Government's pay transparency agenda.

In the 2019 contract negotiations, the Government and NHS England and NHS Improvement (NHSEI) insisted on the inclusion of new pay transparency arrangements for higher earners as part of the overall agreement, but it was also agreed that this should not solely relate to general practice but would be progressed for others working in the NHS. It already applies to senior healthcare and local authority managers.

While the Government has now published regulations for GP practices there are at present no similar proposals for pharmacists, optometrists, dentists, consultants or other doctors in the NHS, anywhere else in the UK. As such the Government and NHSEI have chosen to single out general practice in England and have breached the 2019/20 agreement.

The General Practitioners' Committee (GPC) has not agreed to the change. However, health ministers have instead decided to impose this on the profession.



GP clinical educator pay scales

This [guidance](#) sets out GP clinical educator pay rates for the financial year 2021 to 2022.

Practice Managers denied access to the New to Partnership Scheme

NHS England (NHSE) has written to the Institute of General Practice Management (IGPM) to confirm its decision not to include Practice Managers in its New to Partnership Scheme (NtPS).

In its letter, NHSE states: "NHSE has been having discussions over the last few months about the development of an offer for Practice Managers, acknowledging the current gap of provision for non-clinical staff in primary care and the critical role Practice Managers play. The current position is that we will continue to focus the NtPS on clinical staff only, and look to develop a specific offer for practice and Primary Care Network (PCN) managers as a group. We want to engage with the Practice Manager community as we develop this." The IGPM has asked NHSE for an urgent meeting and has contacted the General Practitioners' Committee (GPC) which negotiated the NtPS with NHSE.

Cameron Fund update

The Cameron Fund – the only medical benevolent fund that solely supports GPs and their dependents – has published its latest newsletter which can be found [here](#).

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 November 2021 newsletter should be emailed to Rich Turner, Communications Lead at the LMC, at rich@kernowlmc.co.uk by noon on Monday, 25 October, please.

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