



Have you ever considered a career in politics?

**Editorial by Dr Will Hynds,
Chair of Kernow Local Medical Committee**

No, thought not. Me neither. It's odd how life happens to one.

Technically speaking, the members of the LMC are elected from the body of levy-paying GPs in order to represent their views. The numbers of candidates standing in recent years have not exceeded the places available and the elections have been uncontested. I think this is a shame and can lead to skews in representation.

I stood for election about nine or ten years ago. When I say 'stood for election', I mean I filled out a form and got two of my partners to second me and sent it to Dawn Molenkamp, now replaced by Emma Ridgewell-Howard. Shortly afterwards Dawn announced we were all 'elected' unopposed.

Why did I fill in the form? I guess I was interested and thought 'knowing what was going on' might allow my tiny practice to keep a hand in the game. Subsequently, I turned up at the six meetings a year, for which my backfill was covered, and generally said 'hear, hear' or 'boo' at the right moments in proceedings. Sometimes it was interesting and sometimes it was not. What was clear was that the LMC was doing useful stuff in the background that was benefitting the business side of practices generally and supporting GPs who needed help and guidance. For more on what we do have a look at our new leaflet [here](#).

I attended a conference or two as an observer which was jolly exciting because you got to fly in a plane and stay in a hotel in a big city and point at people you saw in Pulse. Then the LMC cabinet was a bit short and Dawn got me in a headlock. More meetings and perhaps higher-level involvement with commissioning decisions, enhanced services and community interest companies – more interesting and with more intrigue than it sounds. Then the fated day when there was no one left at cabinet to be Chair except me. So, not so much a planned

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ascent to Office, as a consequence of happenstance. I wonder if that is how it usually happens. Anyhoo, my point is that I am a jobbing GP. I am not a hack, politico, sage or revolutionary. I could be just like you, unless you are one of the above. I have been a locum, a salaried doc, a partner and a private GP.

So, why am I labouring the point? The LMC elections are upon us and I want you to have a proper think about putting your name forward. We are hoping to attract GPs from all denominations – although you individually or your practice must be levy paying – and the plan is to try and get committee members to be allocated a real or virtual constituency so they can be a contact point and a conduit of information. If you feel you are not currently represented on Committee either geographically or through terms of employment then maybe that is your fault – fix it! More details and nomination forms in the weeks ahead.

In other news, I hope you have read my preliminary ramble on the new Contract. If not, you can find it [here](#). We are in danger of living in interesting times.

On a final note, Cornwall Partnership Foundation Trust (CFT) are enjoying all the feedback they are receiving via the PALs email: cpn-tr.Palscft@nhs.net. Please keep sending in examples of CFT-facing problems via this route, so we can genuinely effect change there.

Save the date – GPC Roadshow

The LMC is hosting a General Practitioners Committee (GPC) Roadshow in Cornwall about the new GP Contract – GPs and practice managers are encouraged to ‘save the date’.

The event will take place at the St Austell Conference Centre from 6:45-9:15pm on Tuesday, 12 March, with Dr Mark Sanford-Wood, Deputy Chair at the GPC, presenting. There will be opportunities for local GPs and PMs to ask him questions. Members of the LMC’s Executive Team will also be in attendance. Register your place by emailing rich@kernowlmc.co.uk

Agenda

| | | |
|-------------|--------------------------------------|----------------------------------------|
| 6:45-7:15pm | Refreshments and networking | |
| 7:15-7:20pm | Welcome, introductions, housekeeping | Dr Will Hynds, Chair of Kernow LMC |
| 7:20-8:20pm | GPC presentation – new Contract | Dr Mark Sanford-Wood, GPC Deputy Chair |
| 8:20-9:20pm | Q&As | All |
| 9:20-9:30pm | Summing up/local reflections | Dr Will Hynds, Chair of Kernow LMC |



GP Partnership Model Review

The GP Partnership Model Review [final report](#) has been released. The Review engaged with GPs – including the LMC – and others with an interest to look for solutions to reinvigorate the partnership model and support the transformation of general practice.



Practice Managers' Conference

By Nicola Davies,
Practice Manager at Roseland Surgeries

The LMC will be holding a Practice Managers' Conference on Tuesday, 5 November, in partnership with Cornwall Community Education Provider Network – so please save the date!

We want to ensure that the event meets your needs and we welcome feedback about any training and workshops that you would like us to hold to help with your everyday work and challenges.

We envisage that the key themes at the conference will include risk management, managing and coping with change, employment law, premises and maximising income.

Email your suggestions and expressions of interest to attend the conference to the LMC at admin@kernowlmc.co.uk by noon on Wednesday, 6 March. If you can't attend the event, you are welcome to send a deputy to represent your practice.

We will communicate further details – including the agenda, venue and how to sign up – in due course. We are looking at venues in a central location in the county to ensure ease of access for all.

We look forward to seeing you at the conference, where you can learn, network and be inspired!

Practice managers will be invited to evaluate the conference once it has taken place, which will help inform future event planning.

The Performance Advisory Group (PAG) – what is it?

By Dr Pete Merrin, Committee Member at Kernow Local Medical Committee

NHS England has established performer's 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 is to 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 NHS England, whistle-blowers, concerns raised by secondary care, the coroner, colleagues, self-referrals, CQC inspections and media coverage.

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 and Somerset. We are lucky that the LMC has representation from all three counties 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 a 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 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, but please be assured that our local PAG is ably led by Dr Liz Thomas, Deputy Medical Director at NHS England South West, who is herself a very experienced GP.

In my view, the PAG is even handed and supported by experienced and wise NHS England staff. Our local process feels 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 for further details.

CHIS/Health Intelligence

This data extraction system is due to replace the MIQUEST system (which will not be supported after 31 January) – however significant concerns remain about its data protection safeguards and until these are resolved the LMC advises practices not to sign any agreements. Kernow LMC and the Regional LMC advise that the Information Commissioner's Office (ICO) must be engaged before this process is supported.

Falsified Medicines Directive update

The LMC promised to update you regarding progress about the Falsified Medicines Directive (FMD) registration process. As you know, we have already advised that:

The BMA has met regularly with the Department of Health and Social Care and others involved in the implementation of the Directive to ensure that the interests of GPs are represented and any adverse implications of its introduction on practices are mitigated. The BMA has argued strongly that the NHS must fund the equipment required and make the necessary IT equipment available to facilitate the Directive so that the impact on the workload of GPs and their employees is kept to a minimum.

Please see links from the BMA which might be of interest:

[Read the BMA guidance](#)

[Read GPC executive member Krishna Kasaraneni's blog on Brexit and the falsified medicines directive](#)

There is also some very helpful advice on the Dispensing Doctors' Association (DDA) website that recommends that practices start the registration process with 'Securemed'. Due to absence of Government guidance you do not yet know the system you will be using, so you will be unable to complete the registration process, but you can start it.

We would recommend that each practice undertakes this first step of registration. It will provide evidence of intent to comply, allowing you to begin the process and yet does not involve incurring any costs whatsoever at this stage.

The DDA advice, which can be found [here](#), is really useful. As soon as any more information of help is published, we will make sure that we let you know. In the meantime, please contact the LMC office if you have further questions about any aspect of the FMD.

Flu vaccination programme update

NHS England has issued a new update about ordering vaccines for the 2019/20 seasonal flu vaccination programme. Providers should order currently licensed vaccines – aTIV, QIVe and QIVc – for the 2019/20 season for their populations in eligible groups. These three recommended vaccines will be eligible for reimbursement by NHS England. Read more [here](#).

Meanwhile, Seqirus has informed NHS England that there are plans to have a 'soft close' on ordering of adjuvanted trivalent influenza vaccines (aTIV/Fluad recommended for patients aged over 65 years) at the end of February. They are allocating delivery slots and the current 'week available' is 23 September, 2019. Seqirus have confirmed that the aTIV vaccines will be delivered with staked needles.

Please note that Public Health England (PHE) will continue to procure and supply all LAIV and injected flu vaccines for those aged under 18 years. These vaccines will be ordered through Immform: portal.immform.dh.gov.uk/. If you have any further queries, please contact: england.swscreeningandimms@nhs.net

Brexit Risk Assessment requests – CCG Contracts Team

Thank you to those of you who have been in touch about this subject, following on from a request by Kernow Clinical Commissioning Group (CCG) for assurance around practice-level Brexit risk assessments.

Following some supportive conversations with the CCG, the LMC is pleased to share an example response which it hopes will be of help to those of you who have yet to complete this.

'We have read and understood the national guidance issued by NHS England. We have reviewed the key actions outlined in the CCG letter with our appointed practice leads for each area and carried out an organisation self-assessment. We are satisfied that we have appropriate plans in place.

Our Business Continuity Plan has been reviewed and we are satisfied it is fit for purpose in accordance with the key aspects of Brexit planning that are identified as relevant to general practice in England.' If you have any further questions, please contact the LMC office.



EU Exit operational readiness guidance – summary for primary care

The GPC has published a summary for primary care of the '[EU Exit operational readiness guidance](#)' which is now available on the [BMA website](#).



New-look Board at Kernow Health

By Carolyn Andrews, Chief Executive at Kernow Health Community Interest Company

Hello everyone.

The CIC has been working hard to ensure that its Board composition reflects our articles of association and ensure that all localities have a seat at the table.

We are happy to announce that we are welcoming a new GP colleague from Penwith, Dr Matthew Boulter, to the Board. We will also have representation from both North and South Kerrier GPs instead of a single GP representing Kerrier as a whole. This is an exciting time for the CIC and the Board and we are very much looking forward to working with the new Board members to help shape the future direction of the CIC.

Alongside this the LMC will have an observer role on our Board through Emma Ridgewell-Howard and we now have a committee in common with the LMC.

This committee will be the vehicle to work together to share information, understand each organisation's priorities and share appropriate communications as a single communique.

We have appointed a new business manager, Tyra Fox, to work with the Kernow Health subsidiary companies who will give dedicated focus and support to the strategic business managers who are already in post via PCH monies. This will ensure that the localities receive a timely response from us on matters that require quick turnarounds. We have already had some positive feedback with regards to this role.

Finally, I would like to do a little myth-busting.

I recently received an email from a concerned GP colleague about Improved Access to General Practice (IAGP) and out of hours (OOH) cross working. I just wanted to be really clear that IAGP and OOHs are two separate contracts and when you sign up for an IAGP shift that is what you will be asked to do.

If anyone has any concerns with regards to IAGP and OOH then please do not hesitate to contact me to discuss further.

New Perinatal Mental Health GP Champions

By Dr Karen Murdoch and Dr Lizzy Scully

We have been appointed GP Champions in Perinatal Mental Illness (PMI) in Cornwall by the Royal College of General Practitioners (RCGP).

PMI has been identified as a top priority by NHS England. It brings with it a significant economic burden largely due to the knock on consequences in the children of mothers with PMI. At present, we identify only half of mothers affected and only half of those women receive adequate treatment.

Our role is to deliver a programme aimed at improving knowledge of PMI amongst our GP colleagues.

We are asking all Cornish practices for the opportunity to come and deliver face-to-face teaching. We will endeavour to be very flexible in terms of when we come, including the possibility of evening sessions, and also in terms of how long we come for. If you can only spare 20 minutes at lunchtime, that is fine – we know how busy GPs are.

Please contact us at: karen.murdoch3@nhs.net and elizabeth.scully1@nhs.net

We look forward to meeting you soon.

Allergan implant withdrawal and patient advice

It has been publicised that Allergan – a breast implant company – has withdrawn a certain type of implant and expander, with concerns about a very rare type of cancer. It is an implant that Royal Cornwall Hospitals Trust (RCHT) uses most frequently.

RCHT say that when advising concerned patients, that any symptomatic patients should probably be assessed via a referral to the usual breast two week wait.

RCHT is working on a plan for concerned asymptomatic patients – either a phone contact number or a generic information sheet. Work is in progress.

RCHT has no estimation for numbers yet, but will email updates in due course.

Countdown to national data opt-out compliance

It may seem a long way off now but all health and care organisations in England must be compliant with national data opt-out policy by 31 March 2020.

Please see the new [compliance section of NHS Digital's website](#) for more information.

Further guidance will be added here over the next few weeks including a Compliance Implementation guide.

More detailed information about when to apply out-outs can be found in the [operational policy guidance](#). Contact NHS Digital if you want more help in understanding what you need to do.

Data Security and Protection Toolkit requirement

The deadline for you to complete your online Data Security and Protection Toolkit, which is required for all practices and other organisations who access patient data, is fast approaching.

The assessment must be completed and published by 31 March, 2019. If you still need to register for the Data Security and Protection Toolkit, then click [here](#) with the practice's ODS code.

Vaccine Storage Audit Tool – reminder

Practices are reminded that the vaccine storage audit tool will remain open until Monday, 18 February – Public Health England South West's Screening and Immunisations Team would be grateful if all practices could work through each of the questions and submit a completed version. If you are not following national cold chain guidance, action must be taken in order to be compliant.

The Vaccine Storage Audit Tool should be used in conjunction with Immunisation Against Infectious Diseases, (The Green Book 2006), Chapter 3 'Storage, distribution and disposal of vaccines' and the DH Protocol for ordering, storing and handling vaccines (published 30/09/2010) available [here](#).

If you have any queries, contact the Public Health England South West Screening and Immunisations Team at england.swscreeningandimms@nhs.net

Workforce support and opportunities event

Kernow Health is running a free 'drop-in' event about the range of workforce support and opportunities available to GP practices.

The event will take place on Thursday, 28 February, at the Plume of Feathers in Newquay, from 7:30am-3pm. More information is available [here](#).

Doctors' and Dentists' Review Body evidence

The Department of Health and Social Care has published their Doctors' and Dentists' Review Body (DDRB) evidence on pay for 2018-19, which can be found [here](#).

Understand more about how cancers get diagnosed at your practice

The National Cancer Diagnosis Audit (NCDA) gathers data on the cancer care continuum from first presentation to the date of diagnosis. The project is looking for GPs to submit data on the primary care portion of patient pathways to cancer diagnosis. In turn, the audit team will offer tailored, confidential feedback on pathways at your practice, allowing you to evidence good practice and highlight potential opportunities for quality improvement.

Benefits of taking part in the audit for GPs include:

- Evidence good practice and identify diagnostic challenges
- Improve cancer care and outcomes for your patients
- Understand how your practice compares to other services
- Demonstrate quality improvement for appraisal, revalidation and CQC inspection

Find out more at: www.cruk.org/ncda

LMC courses for practice admin staff

The LMC is running a number of courses for GP practice administration staff in the coming months. A list of courses is available [here](#). Book on the full-day courses [here](#) or the half-day courses [here](#).

Campaign to boost local GP workforce numbers

Local health partners – including NHS England and the LMC – have launched a new [online GP prospectus](#) to promote working in the West Country.

Another [GP Job Fair](#) will also take place in Plymouth on 1 March, which the LMC will be attending to raise awareness and understanding about its role and services.

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 website.

Wider roles include jobs at the University of Exeter Medical School to select tomorrow's doctors. More information is available [here](#).

Produced by Kernow Local Medical Committee. Copy submissions for the next newsletter should be emailed to rich@kernowlmc.co.uk by noon on Friday, 22 February, please.



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