Kernow Local Medical Committee

CONNECT

Monthly newsletter for the Duchy's GPs and practice managers

Time for a bit of focus

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

Okay, so you have probably got your head around the concept of working in networks. We are being paid to work together rather than being coerced to merge. Good.

The details are pretty complicated and the deadline for signing up to a network is approaching (15 May). I suspect that most GPs would rather pretend it was business as usual and take advice from 'interested parties' in their group. Fair enough, but it might be worth focusing on one or two nuances that will affect you either way.

1. Your network can cross current locality and clinical commissioning group (CCG) boundaries as long as it makes sense for your population and organisation.

2. Size matters. In year one you may gain a bit by being small as the number of social prescribers and pharmacists for which you will be reimbursed is the same for any sub-100,000 network. However, your admin costs plus Clinical Director reimbursement are capitated and from year 2 your total pot for paying for additional role staff will also be capitated. Small networks may find the burden of what they are asked to achieve in later years is expensive to administer. This may be offset by gains in lack of inertia +/- increased engagement through a sense of genuine ownership, but you have to decide.

3. The Clinical Director does not have to be a GP, but does have to be a clinician that works within the network. All of the Clinical Director reimbursement does not have to go on their salary.

4. Network funds have to be held by a body with a GMS/PMS/APMS contract i.e. most likely a designated practice.

5. A network is a sort of super partnership and consequently needs a watertight 'agreement' covering all potential points of conflict and risk. All members must agree to indemnify each other. There is a legalese mandatory template agreement to provide a structure with lots of individual network specific bits to fill in. If your network has not been approached already there are several organisations plying their trade around this issue. Make sure you get value for money rather than the first person who says they can do it. Take home message – sign the network pre-

agreement by 15 May, 2019 and then use the next 6 weeks to take legal advice to make it watertight by 1 July, 2019.

6. Just as the lawyers are circling there are other interested parties keen to get in at the start. Remember that as a network you are in charge of the people you employ and to an extent can dictate how you use them. Others may offer to host extended role practitioners for you. Make sure this makes sense for your network and does not limit their usefulness to you as a GP. Take home message – believe it or not you are in charge on this one.

7. Networks are not fixed forever. The DES provides mechanisms for practices drifting in and out if the structure does not work. It is bound to be a hassle though and probably expensive in terms of modifying agreements.

I was hoping that was going to be a bit more focused, but there is a lot going on! Sadly, there is an element of making it up as we go along. It was ever thus with change in the NHS – we cannot stop it so let's try and make it work for us. Now concentrate, this next bit is important…..

When are extra hours extra?
Again, this is aimed at the uninitiated who are trying to ignore what is going on. There are two sorts of additional hours in the new contract arrangements.

Extended Hours:
This is the old DES that you may or may not have been doing for a while. If your practice was signed up you would have been providing an extra 30mins/1,000 patients on a weekly basis at any time you chose outside of 08.00-18.30 Monday to Friday. The requirement was to provide it in 30 minute blocks with no less than 2 appointments per half an hour. It could be populated by any clinical member of the primary care team that would normally be available in hours. For April-June this year it is business as usual and the payment will go direct to the practice if you are signed up. From the start of July each Primary Care Network (PCN) will become responsible for providing the extended hours for the whole network population. So, for a 40,000 network this would be 20 hours per week. The payment will be £1.45 per patient so for the same network this equates to £58K per year. Just to be clear – any practice doing extended hours currently will lose this payment and will need to recoup it from the network presumably by taking part. To be even clearer, if your practice is not currently doing extended hours you will need to be part of the network solution for extended hours from 1 July.

Crucially, extended hours do not imply you have to have a GP presence 8-8, 7 days a week. You could for example provide those 20 hours by employing 2 nurses, 2 HCAs and 1 GP for 4 hours every Saturday morning at a different practice rotating round the patch. Also, of note, it can be made up of a blend of face to face, telephone and online consultations.

Improved Access to General Practice (IAGP):
This is optional until 2021. I suspect at that point extended hours will dissolve into improved access, but this is still to be negotiated. From April 2021 providing IAGP will become a network responsibility, until that point it is something the CCG is obliged to commission. The current requirement is 30mins/1000 patients although there may be some creep toward 45mins/1000 patients in the unforeseeable. So again, for the average 40,000 network this equates to an extra 20 hours per week (on top of extended hours) and it can be provided by a mix of clinicians although if a patient wants to see a GP they need to be available and the level of supervision of non-doctors needs to mirror in hours. The payment for this is £6 per patient or £240K for this network.

Crucially IAGP hours must run from 18.30-20.00 during week days and include Saturdays and Sundays as "local need dictates". So, the network would need to lay on a GP until 20.00 every night of the week and have someone around on both days of the weekend to fill the 20 hours – they cannot all be done on one day. This is really 'on call lite'.

What's the plan?
Quite understandably, the CCG is suggesting you could over-look the difference in spec/contractual requirement and think of both as being primary care access in the evenings to 8 and at the weekends (as per agreed local need) for £7.45 per patient from July 2019. This would mean your network taking on IAGP responsibility early and would solve the KCCG problem in commissioning IAGP.

I am not suggesting this is a good or a bad idea, but it does represent over £4M/year that could be flowing into networks and potentially into practices.

I am worried that some will see this extra hour 'requirement' as the final straw and that is why I am underlining the nuances. You can leave it to Kernow Health CIC et al to fix IAGP until 2021 and potentially your network can continue to sell it to them thereafter.

I would have thought if this can be organised on a large enough scale we could end up with an organised 'network of networks' (or cooperative of practices) providing 280 hours/week of blended skill primary care across Cornwall on a sensible rota. Your practice will have an allocated hours responsibility to the quota via your network. You may find it is lucrative enough to decide on a few hours a month for the pot. Additionally, this just might provide a route to off-load your 'I-have-to-be-seen-now' in hours patients when you are already full.

Just a thought; perhaps we could call it KernowQuack or something similar – it certainly has a familiar ring to it.

Helping establish Primary Care Networks

The General Practitioners Committee (GPC) regularly adds support and guidance for establishing Primary Care Networks (PCNs) to its website so please continue to refer to this.

It includes a PCN toolkit – including an establishing a PCN checklist a template initial PCN set-up meeting agenda and a top tips document for reference when forming PCNs.

There are still some places left at the GPC'S PCN Clinical Directors conference on 5 June – book now. By 15 May, all PCN clinical directors should be appointed and this conference will bring them together to hear from experts in the field and to share their experiences and knowledge. Topics for plenary sessions will include PCNs in the wider NHS system, PCN contractual requirements and PCN legal structures. With significant opportunity for networking, attendees will be able to choose three workshops from a list including strategic and clinical leadership, relationship building, working with LMCs, and engaging the wider primary care sector.

Kernow LMC is hoping to undertake a South West LMCs collective event for Clinical Directors and we will keep you informed.

Practice Managers Conference latest

Dr Krishna Kasaraneni, workforce and primary care networks (PCN) lead at the GPC, is earmarked to be one of the main speakers for the LMC's Practice Managers Conference.

The agenda is still being worked up, but we can confirm that it will include plenary sessions and workshops on financial, legal, HR and resilience themes.

As previously announced, the event will take place on Tuesday, 5 November, at the Carlyon Bay Hotel, near St Austell, so please continue to 'save the date'.

PMs – and their deputies where applicable – are encouraged to attend. More information – including details of how to book and the agenda – will be circulated soon.

LMC meeting with local key opinion formers

The LMC will be briefing members of the Health and Adult Social Care Overview and Scrutiny Committee about developments, challenges and opportunities in local general practice later this year, once primary care networks (PCNs) have been embedded.

New practice manager representative on the LMC Committee

A warm welcome to Alison Butterill, who has joined the LMC Committee as its practice manager representative. She is practice manager at Helston Medical Centre.

The LMC will be running a spotlight on individual committee members in the newsletter in the coming months.

LMC to attend regional GP Jobs Fair

The LMC will be attending another regional GP Job Fair with partner organisations to support local recruitment.

The event will take place at China Fleet Country Club, Saltash, on Wednesday, 16 October, with around 70 STP3 GPs likely to attend.

Employment Seminar – Health and Safety

The LMC still has places available for PMs and GPs for this workshop – hosted by Darius Ferrigno – which will take place on Thursday, 6 June, at Victoria Business Park, from 9am-4pm. If you would like to attend, email: admin@kernowlmc.co.uk

New claim form for reimbursement of NHS Pension Scheme contributions – 2015/16 and 2016/17

The LMC would like to remind local GPs that NHS Pensions has published a new claim form for reimbursement of NHS Pension Scheme contributions for 2015/16 and 2016/17.

GPs seeking reimbursement of some of their contributions because their tiered employee contribution rate was set using the 'annualise then add' instead of the 'add then annualise' method, should complete and submit this form to Primary Care Support England (PCSE) via the online enquiries form.

The form must be received by PCSE by Friday, 14 June. For wider pension-payment queries, visit PCSE's website.

Compensation to local practices for late GMS payments

NHS England South West has confirmed to the LMC that it will compensate local GP practices in Cornwall for any charges incurred after they received late GMS payments for March – and has also apologised for any additional workload the issue has caused.

If practices have any queries they can contact Jane Lawrence, Finance Analyst at NHS England, via jane.lawrence4@nhs.net

One-off opportunity to submit claims for missed CHIS claims

The South West Regional LMCs negotiated a further amnesty for practices who missed these claims going back to October 2017. If you are a practice in this cohort, please start this process as soon as possible, as there won't be a further extension. All the information was included in a recent NHS England (NHSE) bulletin.

New e-forms to report deaths to HM Coroner

GPs in Cornwall can now report deaths electronically to HM Coroner. This allows for 24/7 access to the service.

The report will be acknowledged and processed by the Coroner's Officers and contact will be made with the reporting doctor if there is any additional information required.

The forms and guidance will be circulated to all surgeries. More information is available here.

There will still be a dedicated reporting line, operating during the usual hours on 01872 227191. This will allow for reports to be taken verbally whilst the new process beds in and also to provide continued advice and support.

It is desirable that all doctors will be reporting electronically from the start of May. Please note that, currently, old age and dementia should be reported as per local policy.

The LMC reminds local practices that if the Coroner requests a formal report for an inquest this is no longer chargeable work and is effectively demanded as part of a legal process similar to a subpoena. The fee for completion of these reports has been removed as a result of national guidance from The Chief Coroner. KLMC managed to negotiate continuing with the fee payment longer than very many parts of the country, but that fee has now been officially withdrawn by the Coroner in keeping with all other areas of England.

South West Child Health Information System (CHIS) update

By Sue Davis, Deputy Head of Operational Service in Cornwall for CHIS

We would like to thank practices for working with us to maintain and improve the accuracy of the Child Health Record for children registered at your surgery.

COVER and Unify Data: CHIS send monthly missing data requests to surgeries to ensure that we are providing as accurate data as possible for Cornwall for national and local reporting. Please could surgeries return the completed spreadsheets to us electronically within 7-10 days of receiving them to ensure that we are able to input the data in a timely way.

Immunisation Lists: In the lists that we email to practices each week CHIS are now including the number of times that a child has been recalled for immunisation. Please advise CHIS if

you no longer wish for a child to be recalled, or if a parent has refused the immunisation, and we will stop recalling that child for that immunisation (they will be called for future immunisations).

Please use our generic email hil.dcois.swchis@nhs.net for all routine correspondence and queries.

MSK practitioners improve patient outcomes and reduce pressure

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

Primary care is facing unprecedented challenges with growing patient and financial demands alongside challenges to recruit and retain GPs.

With 30% of all GP consultations being attributed to musculoskeletal (MSK) conditions there is a clear rationale for MSK physiotherapists to be part of the primary care team.

Across Cornwall there are a number of physiotherapists already working in primary care to provide a First Contact Service. This means patients who seek a GP appointment for their musculoskeletal problem are offered an appointment with an appropriately skilled and experienced physiotherapist.

The physiotherapists provide an expert MSK assessment and advice for patients aged 16 and over with MSK problems. A First Contact Practitioner (FCP) can assess, diagnose, treat and discharge a patient without the need for referral.

In response to GP practices and locality commissioning requests, Cornwall Partnership NHS Foundation Trust (CFT) has been providing MSK FCPs since September 2017 (Oak Tree Surgery, Liskeard and Tamar Valley Surgery, Callington). This initiative extended in January 2019 to include Quay Lane Surgery, St Germans, Launceston Health Centre and Looe Health Centre.

Out of the 488 patients seen during the pilot at Liskeard and Callington, 94% of patients reported high levels of satisfaction. There was also a reduction in referrals to physiotherapy services from practices with a FCP.

Dr Emma Mantle, at Oak Tree Surgery, said: "The FCP role is invaluable in providing timely and experienced assessment of our patients with musculoskeletal issues and not only relieves the burden from GP consultations (by patients being booked in direct from reception where appropriate) but also helps guide management of more complex patients

via a joint approach. The practice team has benefited enormously from you being with us and it means our patients are managed far more effectively."

The FCP model was recently rolled out to North Cornwall GP practices and will extend to Newquay Health Centre in May.

The countywide MSK service is now an integrated service. The Royal Cornwall Hospitals NHS Trust (RCHT) teams in Penwith, West Cornwall are responding to GP requests for FCP and are in the process of recruiting staff to work in primary care who will take up post in the summer 2019.

GP practices, the service manager and commissioners continue to discuss the need for a sustainable model for the future. All partners agree that the new GP contract and Additional Roles Reimbursement Scheme may provide an excellent opportunity to further develop this initiative.

For more information contact Maria Stickland, Senior Operational Manager for Prevention and Primary Care at CFT and RCHT, via: maria.stickland@nhs.net

Safeguarding training in primary care – background to recommendations

By Dr Mark McCartney, Named Safeguarding GP at NHS Kernow

Under their registration with the Care Quality Commissions (CQC) practices must have adequate safeguarding arrangements in place as detailed here:
CQC Inspection Regime - Outcome 7 covers safeguarding patients (children and adults) from abuse. The key areas recommended to assist compliance are as follows:

- Ensuring practice staff have had safeguarding training appropriate to their role
- Taking appropriate action to protect patients in the event that any member of staff exploits a vulnerable adult or child in any way
- Ensuring patients can raise concerns and make complaints related to abuse, including a published complaints procedure
- Sharing relevant information with other providers, in accordance with local safeguarding procedures, when there are safeguarding concerns about a patient
- Complying with the Vetting and Barring scheme
- Having a safeguarding children policy
- Having a safeguarding adults policy
- Offering information on what patients should do if they have concerns about abuse and what they might expect to happen under safeguarding procedures.

Useful links:
CQC guidance on safeguarding children in primary care .
CQC guidance on adult safeguarding in primary care

The GMC require doctors to have good safeguarding knowledge and practice to revalidate. The GMC guidance for child protection is available here and for adult safeguarding is available here.

BMA guidance on child protection is available here and on adult safeguarding (ethics toolkit) is here BMA guidance on child and adult safeguarding training is available here

Detailed intercollegiate training recommendations for health care staff have been endorsed by the RCGP and RCN. These recently published documents can be accessed here: Safeguarding Children and Young People: Roles and Competences for Healthcare staff (4th edition published January 2019)

Adult Safeguarding: Roles and Competences for Healthcare staff (1st edition published August 2018) They are referenced by the General Medical Council (GMC) and British Medical Association (BMA).

Shared learning from the Performance Advisory Group

The latest shared learning from the regional GP Performance Advisory Group (PAG) attended by the LMC – where concerns are reviewed – is available here.

More information about the role and remit of PAG is available in our February 2019 newsletter.

Update on General Practice Indicators temporary outage

NHS England (NHSE) has announced that the general practice indicators website will go live on 31 May rather than 1 May.

NHSE has put a contingency plan in place to support practices needing to access indicators for any urgent operational needs. Exceptional data access requests can be made to nelcsu.england.primarycareindicators@nhs.net

The National Flu Immunisation Programme 2019/20

The Department of Health and Social Care (DHSC), NHSE and Public Health England (PHE) recently published a letter about the national flu immunisation programme for the 2019/20 season, including information on the adults and children eligible to be vaccinated.

Suture code changes

Practices which carry out minor surgery and wish to continue to claim for the sutures used need to be aware of a new update from NHSE. The latest suture codes are available here.

National workload survey

What's the biggest cause of unnecessary workload in your practice? The GPC is looking to hear your feedback to help lobby for change. Read more here.

Research study into family history recording in general practice

GPs in Cornwall are encouraged to take part in a research study involving Exeter University to improve family history recording and its use in general practice. Read more here.

Updated guidance for PMs on implementation of NHS App

NHS Digital has updated its guidance for practice managers to prepare their practice's systems and staff for connection to the NHS App by 1 July, 2019. Read more here.

Diploma in Advanced Primary Care Management

Looking to develop the expertise to manage PCNs? Places are still available to start the National Association of Primary Care's (NAPC) Diploma in Advanced Primary Care Management in June.

The one-year course – which is mainly online – is designed for people who are managing primary care and becoming responsible for creating and running it at scale. Read more 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 website.

Events calendar

Items which have recently been added to the LMC's events calendar include the Lost Update course which crosses diagnostic boundaries, functional medicine and communication to influence change. It runs on 3 and 4 July at the Greenbank Hotel in Falmouth.

Produced by Kernow Local Medical Committee. Copy submissions for the June newsletter should be emailed to rich@kernowlmc.co.uk by noon on Friday, 24 May please.

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