Kernow Local Medical Committee
CONNECT
Monthly newsletter for the Duchy's GPs and practice managers

Update on Patient Initiated Follow Ups

Editorial by Dr Nick Rodgers,
Vice-Chair at Kernow Local Medical Committee

The sun is blazing down on the UK, France is sizzling in record breaking temperatures and until recently Cornwall has been covered in cloud! Still it could be worse – at least we don't have a fuzzy-haired foot-in-mouth artist as our leader like our American cousins, yet….. On a brighter note, he might lose to Jeremy Hunt… For those of you not already aware of Dr Rant on Facebook he has an enlightened view on the candidates for the leadership contest!

Good news in general practice is rare. According to a data set produced by the excellent team at the Referral Management Service it shows that when benchmarked against national averages Cornish GPs refer in less and so manage our patients for longer and also that our secondary care colleagues (generally) follow up appropriately as well.

In that case, how can we account for the poor access to outpatients appointments in some specialties? One word: workforce.

So that means they/we must think differently. PIFU, not a cuddly yellow Pokemon, but Patient Initiated Follow Up. We have long recognised that bringing asymptomatic patients with a long term condition back for regular reviews at a specified time is inefficient. Patients in certain specialties like haematology and rheumatology will be screened and if they show that they are confident and willing to help manage their illness then they will be offered PIFU. If they need to contact the hospital then they are given a number to ring and then they can speak to a clinician and if need be book into a clinic space quickly in capacity released by the scheme. The patient remains under the care of their named consultant – they are NOT discharged.

So if you see a clinic later stating that the patient has chosen PIFU do not panic, secondary care are still managing the patient.

For outpatients this is very much a 'test and learn'. We are assured that this will not lead to any work trickling back to primary care – it is vital that if any GP feels that this process has led to any increase in workload then they should contact me at the LMC immediately.

Sign up for the PM Conference

Practice Managers – or equivalent – can now sign up to the local Practice Managers Conference on Tuesday, 5 November and also register for the workshops they wish to attend.

The full-day event, which will take place at the Carylon Bay Hotel, costs £50 to include lunch and refreshments.

You can sign up here. Places for the various workshops are available on a first come first serve basis. The deadline to complete the forms is 30 September.

The agenda – which was advertised in last month's newsletter – is available here and includes a mix of local and national speakers covering themes such as resilience, finances, HR and workforce.

The event is being run in partnership between the LMC and Kernow Health.

DSQS 17/18 appeals update

By Emma Ridgewell-Howard, Chief Executive at Kernow Local Medical Committee

As you will know, some of our Kernow practices have been impacted by a request for claw back of their scheme income in the 2017/18 year. There are practices in Cornwall and Somerset which are currently going through an appeal escalation process to the Secretary of State. We are advised that the outcome of these appeals will be communicated and that this will provide ultimate assurance to us all regarding the processes that NHS England (NHSE/I) followed.

Meantime, an important point to note for everyone who is having to pay back income from the DSQS scheme for that year: NHSE/I have told us that you have all been given the option to extend your payments so that they are spread across 12 months rather than 6 months in all cases. If you have not been contacted by the NHSE/I about this, please would you let us know?

Microtest coding issue latest

Kernow and Devon LMCs have expressed their concern to Microtest on behalf of local GP practices affected by a coding issue with the Calculating Quality Reporting Service (CQRS) which counts towards Quality Outcomes Framework (QOF) payments.

The LMCs – and their health partners – have raised the issue at a national level with the British Medical Association and NHS England and have sought urgent assurances from Microtest that it is addressing the matter as affected practices are concerned about the potential patient safety, financial and workload impact.

Referral permissions in Cornwall

The Referral Management Service (RMS) is happy to accept urgent care practitioner referrals in most cases. X-Rays are different and there is a specific ionising radiation course they need to complete prior to making those requests.

RMS accept referrals from non-doctors, but they will be subject to the same vetting process as GP referrals and may be rejected on the same grounds.

They make a proviso that there does seem to be a variability in the non-GP referrals and request that all referrers are aware of the RMS guidance/website.

LMC Pastoral Support Service leaflet

A reminder that the LMC has produced a new pastoral support leaflet with details of our service and how to access help. It is available here.

When do you need to notify your CCG about changes to your PCN?

Now that Primary Care Networks (PCNs) are officially up and running, the LMC is getting queries about what happens when there are changes to the network.

The network DES contract specification is clear that there are only three circumstances in which the PCN must notify the CCG about changes to the network agreement: if the practice membership changes; if the clinical director changes and if the nominated payee changes. Any change to the membership of the PCN must be discussed with and approved by the CCG in advance. There is also a requirement for the PCN and the CCG to agree a process for notification of changes to additional staff engaged through the network DES where the changes have an impact on the payments being claimed

Small funded projects and the role of the LMC

In the rapidly changing general practice landscape, PCNs may be approached and asked to deliver services by a number of different agencies. If you are concerned about the funding of a particular request please contact the LMC and we will be happy to offer advice using tools that are tried and tested in our formal negotiation setting.

PCN regional event – save the date

A South West Primary Care Network regional event will be held on Wednesday, 30 October at Exeter Racecourse – so please save the date.

The event is aimed at a wide audience including general practice providers, primary care providers, commissioners and other stakeholders.

It is being run by NHS England and the South West Academic Health Science Network. More details – including the agenda and how to sign up – will be communicated by them soon.

Liability insurance for Clinical Directors of PCNs

The General Practitioners Committee (GPC) has confirmed that the Clinical Negligence Scheme for General Practice (CNSGP) covers PCN work for Clinical Directors just as it covers their practice work in their position as a partner.

Webinars to support the development of PCNs

NHS England (NHSE) is continuing to support the development of PCNs through webinars on topics like how to best use technology to develop services and the role of pharmacy within PCNs.

They will include examples of work already in progress, with a chance to ask questions and find out more about next steps in relation to the development of PCNs.

Social prescribing: making it work for GPs and patients

The GPC agreed plans with NHSE to fund social prescribing link workers for PCNs as part of the GP contract agreement. The GPC has produced guidance to help GPs harness the benefits of social prescribing schemes through close collaboration with link workers who joined their extended primary care teams on 1 July, 2019.

FIT – GP survey and screening/symptomatic infographic

By Rachel Byford Cancer Research UK Facilitator – Cornwall and South and West Devon

Peninsula Cancer Alliance is currently conducting an evaluation of symptomatic FIT implementation. Part of that evaluation involves collecting GP feedback relating to the test. You can take part in the anonymous short survey here.

The National Bowel Screening Programme have now moved to using FIT instead of FOBT. An infographic has been developed by Cancer Research UK to give an overview of the differences between the two uses of the test: the main one being the threshold for a positive result: 120µg/g in the screening programme (FIT120) and 10µg/g (FIT10) for low risk symptomatic patients. GPs are reminded that due to the differences in the thresholds patients who present who meet the criteria for a symptomatic FIT test but who have received a negative screening result can still be referred for a FIT based on their symptoms.

Long acting reversable contraception update

By Dr Sarah Gray, GP Specialist in Women's Health

Once a year I run an update session for those wishing to start or continue to fit intrauterine devices and subdermal implants. It would be just as suitable if you wanted simply to hone your contraception counselling skills.

This year's session will be held on Wednesday, 25 September, at St Erme Community Centre, with intrauterine device provision in the morning and then implants and a review of the alternatives in the afternoon. It is structured so that you can do either or both sessions.

Booking information is available here.

Latest NHS England Quality and Safety Bulletin

The latest learning from serious incidences and significant event audits in primary care that have been discussed at the Primary Care Quality and Sustainability Hub for Devon, Cornwall and the Isles of Scilly, Somerset and Dorset is available here.

What is your view of the future?

Following the publication of the NHS Long Term Plan, the introduction of the GP Contract and the publication of the GP Partnership Review, Dr Nigel Watson – who led on the GP Partnership Review – would like to establish what impact this has had on the morale of the profession now and the potential this has for the future.

Your input is valued and you are invited to complete a short survey. It has been designed to collate your current feelings and thoughts on the future of general practice. Complete the survey here.

Indemnity – "paid for" travel vaccinations no longer covered by CNSGP

The Department of Health and Social Care (DHSC) and NHS Resolution (NHSR) have confirmed a change in cover provided by CNSGP, with the supply and administration of "paid for" travel vaccinations no longer included. Previously the published scope of CNSGP included the supply and administration vaccinations where patients are directly charged. DHSC and NHS England have stated that this information was not correct and have apologised for this error.

DHSC and NHSE have committed to ensure that any general practice staff who were administering travel vaccinations and immunisations (where patients were charged a fee) and who understood themselves to be covered under the CNSGP for such activities, are not financially at a disadvantage as a result of any claim, or potential claim, against them as a consequence of relying on the incorrect information. In order to mitigate any risk to the health of patients, NHSR will provide assistance in relation to any claim for clinical negligence for the supply and administration of privately funded travel vaccinations for the period between 1 April and 31 July 2019.

General practice staff should contact NHSR to access support for such claims. Claims relating to the supply and administration of any travel vaccinations or immunisations (where the patient is required to pay) provided outside of this period should be reported to your medical defence organisation or indemnity provider.

Commenting on the change of scope, Dr Mark Sanford-Wood, GPC England Deputy Chair, said "We are concerned that this decision has been made so early in the evolution of the new GP indemnity scheme. It will have clear implications for practices, who may face little choice but to decide to stop providing non-NHS funded travel vaccinations as a result. We have raised this concern with DHSC and highlighted the potential public health risk that may result. It was very unhelpful that this change was announced on the NHS Resolution website without consultation or the profession being notified, and this has been fed back very clearly to DHSC and NHS Resolution. We welcome the decision to confirm that all travel vaccinations will be covered under CNSGP until the end of July, and would urge practices to consider carefully the services they deliver after that date and ensure all of their staff are fully indemnified for all services which they continue to provide."

Please note that advice about travel is regarded as an essential service and therefore that component is covered by CNSGP.

NHS Resolution has produced a quick guide about what is and what isn't covered by the CNSGP scheme. Read more here.

Our advice is to contact your MDO to discuss what your group policy's vicarious liability covers after the end of July. Of note, this is a fluid situation as the Royal College of Nursing has recently announced their indemnity will cover private travel vaccines. Read more here.

Bridging prescriptions for transgender patients

GPs are sometimes asked to provide bridging prescriptions for patients awaiting their initial transgender clinic appointment.

The GPC has made some very clear statements on this subject and the LMC would like to draw your attention to the following: "While awaiting specialist assessment, GPs should attend to their patients' general mental and physical health needs in the same way as they would for other patients, but are not obliged to prescribe bridging prescriptions."

"Current guidance is unequivocal that initiating hormonal treatment for patients with gender dysphoria should be done by a specialist as part of a comprehensive assessment process…"

"In the case of gender dysphoria, most GPs will have no previous experience of managing such a patient."

"Our key concern is to ensure that GPs can prescribe safely within their limits of competence, and this includes the ability to decline to prescribe, where appropriate."

RCGP calls for whole-system approach to improving NHS care for transgender patients

The Royal College of General Practitioners (RCGP) has published a new position statement on the role of the GP in providing care for gender-questioning and transgender patients, calling for a whole-system approach to improving NHS care for trans patients and specifically improvements in education and training for healthcare professionals, NHS IT systems, and access to gender identity services. Read more here.

What should GPs take into account when monitoring and managing patients on anticoagulant medicines?

Professor Nigel Sparrow, Senior National GP Advisor and Responsible Officer at the Care Quality Commission, considers this in his latest blog.

CQC Medicines Report – learning from best practice and incidents

A recent study estimated that 237 million medication errors occur in England each year. The Care Quality Commission (CQC)'s new Medicines Report shares best practice and learning from incidents for better outcomes – including general practice.

Fit for work ESA65B letter

The Department of Work and Pensions (DWP) has revised the ESA65B letter template, which is sent to GPs once an Employment and Support Allowance (ESA) claimant has been found fit for work following a Work Capability Assessment (WCA), to inform the GP of the WCA outcome and advise them that fit notes are no longer required for ESA purposes.

The ESA65B was revised to further emphasise the clinical discretion of GPs to continue issuing fit notes in appropriate circumstances such as when an appeal against a DWP decision is being undertaken. A sample of the revised ESA65B letter is attached at the end of the short guide on the benefits system for GPs which can be found here.

GP pension documentation retention advice

NHSE has issued new advice about the retention of GP pension documentation due to ongoing issues with lost historical data.

Digital-First consultation

NHSE has published a Digital-First Primary Care Policy consultation on patient registration, funding and contracting rules in response to the development of digital-first providers and the review of out of area registration arrangements. The proposals are significant and will impact on general practice. You can respond to the consultation here – the deadline is Friday, 23 August.

General Practice Premises Policy Review

The General Practice Premises Policy Review – which sought to identify barriers to effective service delivery in relation to general practice estate and outline potential solutions – has been published by NHSE. It is available here.

Employer induction template to support general practice nurses

NHSE has produced a new induction template for employers to ensure that nurses in a first career role in general practice are well supported. It is available here.

Data privacy guidance from the ICO

The Information Commissioners Office (ICO) has produced useful guidance and posters to help raise the importance of data privacy with the practice team.

National Workforce Reporting System (NWRS) registration reminder

The National Workforce Reporting System (NWRS) is no longer part of the Primary Care Web Tool (PCWT). To support this move, NHS Digital emailed all registered NWRS users asking them to create a new user account and password. This is a reminder to re-register your details if you haven't already done so here. More information and guidance is available on the NWRS web page

Proposed new contract deal for junior doctors

Negotiations to introduce a number of improvements to the 2016 junior doctor contract in England have now concluded. The deal which the BMA has agreed with NHS Employers and the Department of Health and Social Care brings a £90 million investment for junior doctors over the next four years, and includes increases to weekend and disco shift pay, £1,000 a year extra for all less than full time trainees, and a guaranteed annual pay uplift of 2 per cent each year for the next four years.

For GP trainees specifically, the terms and conditions of service will reflect the longstanding principle contained in the previous contractual arrangements for GP trainees prior to 2016, that trainees in general practice settings are supernumerary to the workforce of the

practice. In addition, GP trainees that are required to use their personal vehicle on the possibility of a home visit being required on any working day shall be eligible for reimbursement for the cost of mileage and associated costs from their home to the principal place of work. Read the full details of the agreement here.

Practice manager job satisfaction survey

The annual practice manager (PM) job satisfaction survey is now open. The survey – run by First Practice Management – only takes five minutes to complete.

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. 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

Events calendar

The LMC's events calendar provides an overview of what's taking place to support local general practice, including an opportunity to register for the 'Next Generation GP' programme for emerging leaders in general practice on Wednesday, 17 September, at Lanhydrock Hotel and Golf Club, Bodmin, PL30 5AQ.

Produced by Kernow Local Medical Committee. Copy submissions for the August newsletter should be emailed to rich@kernowlmc.co.uk by Wednesday, 24 July, please.