

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# Newsletter

# August 2015

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### ***SUBJECT ACCESS REQUESTS FOR INSURANCE PURPOSES***

Further to the article in the April LMC newsletter noting the withdrawal of the British Medical Association (BMA) joint guidance with the Association of British Insurers (ABI) on the use of medical information for insurance purposes, the Information Commissioners Office (ICO) has recently written to the ABI regarding Subject Access Requests (SARs).

As you will be aware, some insurance companies are requesting full medical records via a SAR, under the Data Protection Act 1998 (DPA), rather than asking for a report from the applicant's GP.

The ICO has confirmed that the right of SARs is not designed to underpin the commercial processes of the life insurance industry.

The ICO takes the view that the use of SARs to access medical records in this way is an abuse of those rights

and that such practice is likely to fall foul of the DPA in a number of ways.

The General Practitioners Committee (GPC) has issued guidance for practices, noting that practices should not comply with SARs for insurance purposes. A copy of the guidance can be accessed via the LMC website at: <http://www.sheffield-lmc.org.uk/OG15/FocusSubjectAccessRequestsInsurancePurposes.pdf>

The GPC's expectation is that insurance companies will discontinue the use of SARs and will revert to requesting medical reports under the provisions of the Access to Medical Reports Act 1998 (AMRA). The BMA has separate guidance on this legislation, which can be accessed via: <http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/fee-finder/fee-finder-insurance>

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### ***DISPOSAL OF CLINICAL WASTE AT GP PRACTICES***

In view of mixed messages circulated around GP practices regarding the disposal of sharps, the LMC sought confirmation of the current contract terms from the Yorkshire and Humber Area Team.

Patients and healthcare professionals generating clinical waste, including sharps, in other premises should not bring this to the GP practice for disposal.

Where an allied healthcare professional, such as a midwife, is seeing the practice's patients at the practice, it is unreasonable to expect that healthcare professional to transport the waste to another site, and they should be able to dispose of the waste at the practice.

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## **OCCUPATIONAL HEALTH SERVICES FOR GPs**

As many of you will be aware, there have been various reports of occupational health services for GPs changing or ceasing to be provided or funded centrally. Various dates have been suggested for when changes might take place. As such, the LMC sought an update from the Yorkshire and Humber Area Team.

The Area Team has confirmed that changes have not yet been made to service provision, with last year's arrangements rolling over into this financial year. Funding streams are being reviewed and a national specification is being worked on.

The LMC continues to liaise with the Area Team and the GPC and will update practices as progress is made with introducing any changes to service provision.

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## **GP SURGERY BUSINESS RATES CHALLENGE**

On 20 July 2015 NHS England sent an email to all Practice Managers, noting that NHS England has instructed NHS Property Services to undertake a review of, and where necessary challenge, the business rates liability that NHS England incurs on GP surgery premises.

Significant reductions in some GP surgery assessments have been conceded by the Valuation Office and, where appeals are in place, this will result in significant refunds being issued.

The LMC would like to highlight the fact that any such refunds will be issued by the Local Authority to GP practices. However, as all rates charges are reimbursed to GPs by NHS England (via the Doctor's Rent and Rates scheme), NHS England will be contacting affected practices to arrange to recoup these funds from practices.

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## **SUPPORT FOR VULNERABLE PRACTICES**

Dr Chaand Nagpaul, Chair of the GPC has written to NHS England setting out proposals for structured, funded support for vulnerable practices. The GPC has asked for a meeting to discuss the establishment of a national practice stabilisation fund and a healthcare resilience task force to assess and support, in a non-threatening way, practices that are struggling or vulnerable.

The GPC hopes that their conversations with NHS England will prove fruitful given the critical state general practice is in at the moment in many areas of the country. As this work takes shape, local examples of practice closures or patient service collapse would be very useful, preferably with a short summary outlining the source of their problems.

If you have examples please send them to [fnielsen@bma.org.uk](mailto:fnielsen@bma.org.uk), copied to [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

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## **DIRECTED ENHANCED SERVICES: MANUAL ADJUSTMENTS**

All practices should have received a letter from NHS England (Yorkshire and the Humber) Primary Care team (distributed via email on 16 July) on this issue.

As the LMC is aware of a number of practices that have run into difficulties with Directed Enhanced Service (DES) payments, as a result of not read coding according to the DES regulations, we would like to highlight the fact that **after 30 September 2015** requests for manual adjustments will not be accepted, unless there are extenuating circumstances, such as GPES not being able to extract data from the clinical system due to a technical software fault. Use of incorrect read codes or failing to read code some elements of a DES would not be considered to be extenuating circumstances

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## **CARR-HILL FORMULA REVIEW**

Further to the article in the July LMC Newsletter, the GPC has recently issued guidance to remind practices how global sum payments are calculated and explains why the formula is currently being reviewed by NHS England.

A copy of the guidance can be downloaded from the LMC website at:

[http://www.sheffieldlmc.org.uk/OG15/Focus\\_on\\_the\\_GlobalSumAllocationFormula-July2015.pdf](http://www.sheffieldlmc.org.uk/OG15/Focus_on_the_GlobalSumAllocationFormula-July2015.pdf)

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## **CARE QUALITY COMMISSION (CQC) INSPECTIONS: WHAT TO EXPECT**

The LMC was recently contacted regarding a change to the way the CQC schedules their inspections. The current approach to inspecting GP practices consists of a team of inspectors visiting a number of practices within a single Clinical Commissioning Group (CCG) area during a 4 week period. They then return at a later stage to inspect other practices. Experience to date and a recent pilot of an alternative approach has led to a number of changes being made. From October 2015 every CCG will have an allocated inspector who will carry out the majority of inspections in that area and the inspections will be scheduled throughout the year. Practices will still receive 2 weeks' notice of their inspection. The aim is for this change to support closer working relationships between named inspectors and CCGs, as well as inspectors having an ongoing relationship with the practices they inspect.

The CQC has produced a 'what to expect from an inspection' video, which is a mixture of interviews with an inspector, GP and practice manager explaining their experience of an inspection. It is supported by a more detailed publication giving practical advice as to what to expect from an inspection and another 'hard copy' case study.

These materials have been shared with all GP practices, but for anyone who may not have seen them, the links are:

- <http://www.cqc.org.uk/content/salford-health-matters-what-expect-when-we-inspect> (video)
- [http://www.cqc.org.uk/sites/default/files/20141008\\_what\\_to\\_expect\\_on\\_inspection\\_final.pdf](http://www.cqc.org.uk/sites/default/files/20141008_what_to_expect_on_inspection_final.pdf)
- <http://www.cqc.org.uk/content/enbridge-medical-practice-experience-new-approach>

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### **PROFESSIONAL DUTY OF CANDOUR GUIDANCE**

The General Medical Council (GMC) has produced guidance, in collaboration with the Nursing and Midwifery Council (NMC), for doctors, nurses and midwives on the professional duty of candour. It aims to provide a framework and give confidence to individuals working with patients to respond openly and honestly when things go wrong.

A copy of the guidance can be accessed via the LMC website at: [http://www.gmc-uk.org/DoC\\_guidance\\_englsih.pdf](http://www.gmc-uk.org/DoC_guidance_englsih.pdf) [61618688.pdf](http://www.gmc-uk.org/DoC_guidance_englsih.pdf)

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### **PHARMACISTS DELIVERING FLU VACCINES**

It has been announced that from September 2015, adult at-risk patients will be able to access seasonal flu vaccinations in participating community pharmacies.

Pharmacy staff will be expected to identify eligible patients and encourage them to be vaccinated.

There will be a payment of £7.64 per vaccination administered, with an additional £1.50 payment in recognition of costs incurred such as training, revalidation and disposal of clinical waste.

The GPC will be requesting that the fee for this service for GPs is reviewed, given that pharmacists do

not have responsibilities for record keeping or call/recall procedures that GPs have.

More information about this is available on the BMA website via: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/vaccination/pharmacist-flu-vaccines>

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### **PATIENT GROUP DIRECTIONS (PGDs) AND PATIENT SPECIFIC DIRECTIONS (PSDs)**

The GPC has recently updated its guidance on PGDs and PSDs in General Practice, to clarify the rules surrounding private PGDs.

A copy of the guidance can be downloaded from the LMC website at: <http://www.sheffield-lmc.org.uk/OG09/Patient%20Group%20Directions.pdf>

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### **SUPPORT FOR GP NETWORKS AND FEDERATIONS**

Further to the article in the April LMC newsletter regarding the establishment of a GP networks and federations database, the GPC and the BMA have established a database containing the contact details of over 80 GP networks and federations in England, Wales and Northern Ireland, covering approximately 3,000 practices.

As a result of gathering this data a BMA Online Community for GP networks was recently launched. This is a secure online space where staff from established and emerging GP networks and federations can:

- share best practice and learning experiences with other organisations;
- discuss any challenges they are facing and explore solutions with peers;
- access practical advice and information on policy, regulation and other topics.

The BMA Community for GP Networks is open to non-BMA members and non-clinical staff, including practice managers and business managers.

More information about registering or accessing the BMA Community can be found on the BMA website at: <http://bma.org.uk/practical-support-at-work/gp-practices/gp-networks>.

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### **SESSIONAL GPs E-NEWSLETTER**

The July edition of the Sessional GPs e-newsletter is available on the BMA website at:

<http://bma-mail.org.uk/t/JVX-3JWXZ-1BJCJOU46E/cr.aspx>

The main articles include:

- Do you need death in service insurance?
- Sessional GPs need to be nurtured.
- Why locums make great commissioners.
- Your pensions statement – coming soon.
- Concerned about a colleague?
- Interactive GP courses.
- One-to-one careers coaching.

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Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via email to: [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

**Articles for the September edition to be received by Friday 11 September**

**Further submission deadlines can be found at:**

[http://www.sheffield-lmc.org.uk/Newsletters14/VB\\_and\\_Newsletter\\_Deadlines.pdf](http://www.sheffield-lmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf)