

Newsletter

January 2019

Sheffield
LMC



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GP PARTNERSHIP REVIEW: FINAL REPORT

The independent partnership review, chaired by Wessex LMC chief executive and BMA GP committee member Dr Nigel Watson, was published on 15 January 2019. It looks at the challenges facing GP partners today and makes a number of recommendations in areas such as reducing risk, recruitment and training.

The report, along with a *Case studies: Business Models* document, can be accessed via:
<https://www.gov.uk/government/publications/gp-partnership-review-final-report>

The response from Dr Richard Vautrey, Chair, General Practitioners Committee (GPC) can be viewed via:
<https://www.bma.org.uk/news/media-centre/press-releases/2019/january/partnership-review-shows-clear-backing-for-model-as-best-way-of-delivering-what-patients-want>

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SHEFFIELD HEALTH & SOCIAL CARE TRUST AND FIT NOTES

Following concerns raised that Care Trust doctors were not able to issue Fit Notes, we entered in to negotiations with the Care Trust and the Department for Work & Pensions (DWP).

We are pleased to confirm that there should now be resolution of this issue, and that we have written confirmation that the Care Trust has been approved by the DWP and has received a supply of Fit Notes. It is our understanding that these are being disseminated to the various Care Trust premises.

If any practices continue to experience difficulties with patients being directed to their GP for a Fit Note in circumstances when a Care Trust doctor should have issued one, we would be happy to receive patient anonymised details via email to: manager@sheffieldlmc.org.uk.

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NEW INFORMATION GOVERNANCE TOOLKIT: DATA SECURITY AND PROTECTION TOOLKIT

Please note the following update issued to Sheffield GP Practice Managers in November 2018 by NHS England:

GP Practices are mandated by the Department of Health to carry out and publish an Information Governance (IG) assessment toolkit by the 31st March each year. This year the format of the required toolkit has changed; it is now called the Data Security and Protection Toolkit (DSPT) access to which can be found using the following link <https://www.dsptoolkit.nhs.uk/>. The toolkit is based on the National Data Guardians report and has more emphasis on IT security. Whilst the toolkit does not need to be completed and published until 31st March 2019 as it's a new system we would encourage all Practices to access the toolkit to ensure you're able to log on complete it later in the year.

NHS England - North (Yorkshire and the Humber) commission IG support on behalf of our GP Practices from an organisation called Embed. Their IG team is there to help and support Primary Care organisations by offering advice, issuing guidance and supplying exemplar policies and other documentation. They are also able to support you with the Data Security and Protection toolkit however they are unable to complete it on your behalf. If you would like to access IG support from Embed their helpdesk can be emailed at the following address – Embed.infogov@nhs.net.

With regard to the help available from eMBED, Sheffield CCG issued the following update in December:

The DS&PT has this year replaced the Information Governance Toolkit. There is an increased emphasis on technical security in the DS&PT and GP Practices will need to be provided with some technical evidence for the assessment by eMBED. eMBED are aware of this requirement, and also need to complete the DS&PT to the same level. They are working on a package of evidence that will be made available to all practices in good time for the submission which is due on 31 March 2019. We will keep you updated as we get more information.

This week the Primary Care Team, NHS England - North (Yorkshire and the Humber) confirmed the following:

Evidence for the IT assertions within the toolkit, where eMBED is the provider, is now available on the IG portal. Link to portal: [IG Portal](#). Please direct any queries to: EMBED.Infogov@nhs.net.

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REQUIREMENT TO DISPLAY CARE QUALITY COMMISSION (CQC) RATINGS

As you will be aware, since April 2015 it has been a legal requirement for:

- all registered providers that have received a CQC rating to display that rating;
- ratings to be displayed at each location used for providing or managing regulated services and on websites.

The CQC's guidance on this issue has recently been amended to make it clear that if the CQC assesses that a registered provider is not displaying a rating as required, they will follow their Enforcement Policy to decide their response.

The relevant regulation sets out what must be included in the displayed information. Further information can be found at: <https://www.cqc.org.uk/guidance-providers/ratings/display-ratings>

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PRACTICE OPEN EXETER EMAIL ADDRESSES

Concerns have been raised that some practices are not keeping their contact details up-to-date. The email addresses on Open Exeter are used by NHS England to send practices important notifications regarding cervical screening, GP statements and childhood immunisation lists.

If you have any concerns about receipt of the above information and / or which email addresses are registered, the primary contact for Open Exeter can view the email addresses registered for each service in the 'Organisation Maintenance' section of Open Exeter by selecting 'View OO screen Settings'.

If email addresses need to be updated, please email pcse.openexeter@nhs.net stating that you would like to update one or more of your Open Exeter email addresses. In your email please include:

- your name;
- your ODS/Practice code (if you do not know this please contact the Exeter Helpdesk on 0300 3034 034 or e-mail: exeter.helpdesk@nhs.net);
- the email addresses you would like to update on Open Exeter and the service(s) they relate to.

If you do not know who your primary contact for Open Exeter is, or if they are not available to update the details, the PCSE Open Exeter team can accept email address updates from other practice contacts providing they are sent from an nhs.net email address.

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SUBJECT ACCESS REQUEST (SAR) INCREASES

According to a survey of GPs carried out by the British Medical Association (BMA) last year, the number of SARs GP practices are receiving each month from patients and their representatives has increased by more than 30% since the introduction of General Data Protection Regulation (GDPR) legislation.

The survey of more than 1,500 GPs found that the average number of SARs went up from around 8 per month to 11 per month. The findings and subsequent press release can be accessed via:

<https://www.bma.org.uk/news/media-centre/press-releases/2018/december/subject-access-requests-to-gp-practices-increase-by-a-third-since-gdpr-legislation-came-in>

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NHS LONG TERM PLAN

As you will be aware, NHS England recently launched its Long-Term Plan for the NHS, which sets out its vision for the future direction of the NHS and can be accessed via: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>. The General Practitioners Committee (GPC) has issued the following update:

The plan lays out ambitious aims for the health service linked to an expansion in digital services and a focus on preventive care. The previously announced £3.5bn for primary medical care and community services has been increased to £4.5bn, in part as a result of our current contract negotiations. There is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services. This is described as an “NHS-first” and is a direct result of our campaigning in recent years.

There will be a focus on the development of primary care networks with a network contract built on the current GMS contract. We will provide more details about this shortly, once contract negotiations are completed. The intention is that practices should be able to lead and direct networks, which will enable an expansion of the workforce to include pharmacists, physiotherapists, social prescribers, paramedics and physician assistants, and to help rebuild and reconnect the primary healthcare team within an area.

The plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations, to offer more online booking and online repeat prescribing ordering. Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement.

We welcome the recommitment to a state backed indemnity scheme, to begin in April 2019, and the commitment to implement the premises review.

There is also a clear commitment to move away from the NHS Act's competition agenda, something again the BMA has been campaigning for and is pleased to see NHS England and the government acting on.

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USE OF THE NHS E-REFERRAL SERVICE

Joint guidance from the General Practitioners Committee (GPC), NHS England and NHS Digital has recently been published which can be accessed via:

<https://digital.nhs.uk/binaries/content/assets/website-assets/services/e-referral-service/nhs-e-referral---a4-1.pdf>

Use of e-RS for practices is a contractual requirement and, as such, the joint guidance aims to help GPs and their staff understand the most effective way of using e-RS and thereby support them in the management of their patients.

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FALSIFIED MEDICINES DIRECTIVE

The Falsified Medicines Directive will become effective on 9 February 2019. The Directive introduces tougher rules to ensure medicines are safe and that the trade in medicines is rigorously controlled.

This will have an impact on all practices and, therefore, all practices should be preparing for implementation in order to demonstrate compliance with the Directive.

The British Medical Association (BMA) has written guidance, which can be accessed via:

http://www.sheffield-lmc.org.uk/website/IGP217/files/Focus_on_FMD.pdf

In addition, Krishna Kasaraneni, GPC England Executive Team has written a blog on Brexit and the Falsified Medicines Directive which can be accessed via:

https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/brexit-and-the-falsified-medicines-directive

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PENSIONS CONSULTATION

The Department of Health and Social Care has announced that it will be consulting on proposals to change NHS pension scheme regulations. The consultation can be accessed via:

<https://www.gov.uk/government/consultations/nhs-pension-scheme-proposed-changes-to-scheme-regulations-2019>

Proposed changes include:

- introducing a new contribution rate of 20.6% for employers from 1 April 2019;
- renewing current member contribution rates so that the same rates continue to apply beyond 31 March 2019;
- providing civil partners and same sex spouses with the same survivor pension rights as widows;
- extending the current forfeiture of pension benefits rules.

Many understandable concerns have been raised by practices and GPs since the consultation was published as this clearly has serious implications. The General Practitioners Committee (GPC) will be working to ensure this new cost is fully funded by government and will be responding to the consultation about the wider implications to GP pensions.

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PENSION TOTAL REWARDS STATEMENT (TRS) UPDATE

Pension TRSs were updated on Thursday 13 December 2018. The records should be updated to 31 March 2017.

The General Practitioners Committee (GPC) has been informed that in order for the TRS statement to be updated, the records need to be sequential. Thus, if a previous year's records are missing, TRS cannot be updated beyond that. However, a TRS not being up-to-date does not mean that the pension record is not. There are a number of reasons why a TRS may not be up-to-date and the independent pension expert currently contracted to look into Primary Care Support England (PCSE) processes, PriceWaterCoopers (PwC), is carrying out an investigation to determine where gaps lie in members' records. They will contact members if these are incomplete, which will hopefully help resolve them.

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QUALITY AND OUTCOMES FRAMEWORK (QOF) REGISTERS AND BUSINESS RULES CODING ISSUES

The General Practitioners Committee (GPC) wrote to NHS England and NHS Digital after problems relating to the deployment of QOF business rules (v39). The GPC recently issued the following update:

We have received a response to say that they are confident that the corrections in the data collection that will come into force with QOF business rules version 41 will resolve the problems identified to date. These [rules](#) are publicly available so that practices will be able to see the changes made prior to implementation by suppliers. They tell us that all four system suppliers will have appropriate resources and processes in place to ensure that version 41 will be implemented in January. In addition, EMIS have already deployed version 41 in their internal search engines and practices using this system will be able to view reports that will reflect the new set of business rules.

NHS England and NHS Digital are aware that as a result of the change to SNOMED coding concerns were raised that there may be closer scrutiny of achievement at year end than usual and additional work for practices and commissioners. As a result, there may also be an increase in queries raised before practices and commissioners are happy to sign off achievement.

NHS England will contact local commissioners and NHS England local teams requesting that where possible they support practices in resolving any queries as quickly and efficiently as possible and ensuring workload is kept to a minimum. NHS Digital will ensure their customer service team are fully briefed on the issues raised and will anticipate the possibility of an increase in activity this year end. The support teams will be ready and able to support practices with their queries.

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CLINICAL PRACTICE RESEARCH DATALINK (CPRD) AND UK BIOBANK COMMUNICATIONS

The General Practitioners Committee (GPC) recently issued the following update:

We are aware that practices may recently have had communications about sharing their patient records with either or both UK BioBank and CPRD. Both are highly respected research organisations.

UK BioBank is a genomic study following a cohort of patients recruited up to 2010. On average each practice is likely to have 60 patients in the scheme. The entire patient record is shared. It is consent based.

CPRD's approach is to link large health data sources and then provide extracts for researchers in an anonymous or pseudonymous form. It currently has records on 35 million patients. It operates under an exemption for the common law duty of confidentiality and, for GDPR, probably relies on the processing for 'research purposes' lawful basis (this is a non-consented lawful basis). The entire practice patient database, except those who have opted out, is shared. In both schemes they will be accessing the records via the practices GPSoC core clinical supplier.

As the data controller of the patients' records the practice has responsibilities under GDPR. Some of those responsibilities are clear and have already been communicated; updating Privacy Notices, Processing Registers and doing a Data Protection Impact Assessment (which must be done before any sharing takes place). Other aspects are not as clear because of the data controller / data processor relationships.

In addition, GP data controllers have responsibilities to ensure processing remains transparent whenever there is a change in data sharing arrangements. We are in the process of clarifying with the ICO if this places any additional responsibilities on practices and hope to be able to offer definitive advice soon. However in the meantime we recommend that practices do not agree to either scheme unless they are clear that they have fully complied with their GDPR responsibilities.

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CLINICALLY-ASSISTED NUTRITION AND HYDRATION (CANH) & ADULTS WHO LACK CAPACITY TO CONSENT

The British Medical Association (BMA) has published guidance jointly with the Royal College of Physicians and endorsed by the General Medical Council, to support doctors making decisions about CANH for adults who lack the capacity to consent.

The guidance is in response to a number of legal developments which have altered how these decisions should be made. It provides the most up-to-date statement of legal and professional obligations, sets out the decision-making process that should be followed and provides practical guidance on approaching best interests assessments and second opinions.

In addition to the main guidance document, a quick reference guide has also been published aimed at healthcare providers, funders, and managers; along with a short information leaflet for families about their role in the decision-making process.

All of the above resources can be accessed via:

<https://www.bma.org.uk/advice/employment/ethics/mental-capacity/clinically-assisted-nutrition-and-hydration>

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CANNABIS-BASED MEDICINES GUIDE

As a result of regulations to widen the availability of cannabis-based medicine within the NHS coming into effect on 1 November 2018, as noted in the November LMC newsletter, the British Medical Association (BMA) published Q&As and NHS England published information for patients.

In December the Royal College of General Practitioners (RCGP) produced *Cannabis-based medicines: an interim desktop guide*, available via:

https://www.rcgp.org.uk/-/media/Files/CIRC/Desktop-Guides/Cannabis-based-medication-desk-guide-Nov-2018_December-Edit.ashx?la=en

The guide aims to offer practical advice for GPs to support them to have informed conversations with patients about medicinal cannabis, should the issue arise during consultations.

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PHYSICIAN ASSOCIATE SURVEY

Health Education England (HEE) is evaluating their Physician Associate (PA) preceptorship programme for primary care, through 3 surveys (pre preceptorship programme, mid and post to be completed by the PA, clinical supervisor and practice manager). Upon completing the 3 evaluation surveys HEE plan to evaluate the effectiveness of this initiative and the preceptorship programme itself.

If you have a PA training in your practice it would be useful to feed in your thoughts through the survey below:

<https://healtheducationyh.onlinesurveys.ac.uk/preceptorship-programme-for-pas-in-primary-care-c-2>

The other 2 surveys will be circulated by HEE in due course.

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GP TEACHING APPOINTMENTS: SHEFFIELD MEDICAL SCHOOL

We have recently been informed by Ben Jackson, Director of Primary Care Teaching, Academic Unit of Primary Medical Care that significant investment has been received in the GP teaching team at Sheffield Medical School. A new Senior GP teaching post and 4 new junior posts are currently being advertised.

Details of the Senior GP post can be found at:

<https://www.jobs.ac.uk/job/BPD459/clinical-teacher-senior-clinical-teacher-in-general-practice>

Further information can be obtained from Ben Jackson via (0114) 222 22082 or ben.jackson@sheffield.ac.uk.

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SESSIONAL GPs E-NEWSLETTER: DECEMBER 2018

The December edition of the Sessional GPs e-newsletter is available on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-60SKR-1BJCJOU46E/cr.aspx>

The main articles include:

- Where do sessional GPs fit in?
- Capita and the NHS pension fiasco – part 9.
- Are you a locum without an NHS email account?
- Are you being paid what you're worth?
- Feeling anxious about your appraisal?

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Please forward any articles for inclusion in the LMC newsletter to
manager@sheffieldlmc.org.uk

Articles for the February edition to be received by Friday 8 February

Submission deadlines can be found at

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202019.pdf>