

Newsletter

March 2017

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FIREARMS LICENSING

As you will be aware, in April 2016 new guidelines for the licensing of firearms and shotguns to private individuals were introduced in the UK. This followed lengthy debates over some years between the many interested parties including the Home Office, police, the British Medical Association (BMA) and various shooting organisations. Many reservations were raised by the BMA in these discussions about the workability and safety of the proposed system. In particular, the systemic assumption of no report received by the police from the GP being equivalent to a medical endorsement of the application was particularly problematic.

Despite the BMA's cautions the system went live. Because most of the unacceptable impacts of the new system fell to GPs, the General Practitioners Committee (GPC) took over the lead for this issue in November 2016 and established a Task and Finish group to address the matter urgently. Their work has now concluded and new guidance has been issued, which can be accessed via: <https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms>.

The proper regulation of firearms is in the public interest and it is important that GPs respond to the initial police letter. **GPs should not disregard the letter, nor delay in providing a reply - failure to respond could put GPs at professional risk.** However, as GPs are not contracted to provide these services under the GMS contract, they are entitled to charge the applicant a fee, and may withhold the report until the fee has been paid. In these circumstances it is important to inform the police that the reason for the delay is that payment is awaited.

The guidance clearly lays out 5 options with template letters to assist GPs in responding to requests. It is hoped that the guidance will clarify the situation for doctors and give them the guidance they need to respond safely and professionally in a way that fits their circumstances. The options offered have been rigorously debated and have been the subject of legal advice and opinion to ensure they comply with all relevant legislation.

Many letters from firearms licensing officers to GPs request the doctor to place a flag in the patient record to identify the subject as the holder of a firearms license. While reminding doctors of their duty of care to the public to raise concerns where they are apparent, the GPC does not recommend flagging notes in this manner, due to the imprecise nature of flags, the lack of clear protocols for their appropriate removal and the absence of reliable software to facilitate the surveillance and cross-referencing of flags with diagnoses of concern. The GPC continues to work with the Home Office to resolve this pressing question.

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DISPLAYING CARE QUALITY COMMISSION (CQC) RATINGS

We have received a number of queries regarding the need to display CQC ratings in practices. In summary:

- If you have been awarded a CQC rating (outstanding, good, requires improvement or inadequate) you must display it in each and every premises where a regulated activity is being delivered, in your main place of business and on your website.
- CQC will assess whether or not your rating is displayed legibly and conspicuously – ***not doing so may result in a fine*** and may impact on future inspection ratings.
- CQC posters are available to download for physical display of your rating.
- CQC templates are available for online display of your rating.
- You have a maximum of 21 calendar days to display your rating from the date your inspection report is published on the CQC website.

Detailed guidance on the above can be accessed via:

<http://www.cqc.org.uk/sites/default/files/20150312%20Guidance%20on%20display%20of%20ratings%20FINAL.pdf>

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ACCESS TO MEDICAL REPORTS FOR INSURANCE PURPOSES

As you will be aware, rather than asking for a report from the applicant's GP, as previously agreed with the Association of British Insurers (ABI), some insurance companies were obtaining full medical records through the use of Subject Access Requests (SARs), under the Data Protection Act 1998 (DPA). The BMA were concerned that this practice was potentially a breach of the DPA, as disclosure of the full medical record would amount to a disclosure of information which was not relevant for the purpose. The BMA raised this matter with the Information Commissioner's Office (ICO). The ICO wrote to the ABI to confirm that the right of subject access is not designed to underpin the commercial processes of the life insurance industry. As a result, life insurers previously using SAR have withdrawn requesting them and are now pursuing solutions using the Access to Medical Reports Act (AMRA) 1988 process.

Should an insurer require further medical information, the individual will be asked to complete a declaration that provides their full consent for the insurer to obtain the relevant medical information from the GP. The AMRA determines how insurers and other third parties request information from GPs.

BMA guidance on the AMRA legislation is available via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/accesstomedicalreportsjune2009.pdf>

There is a move towards electronic patient consent within the insurance industry. Where practices agree with the insurance company to provide a GP report, the legal position is that electronic consent is acceptable. In January, the ABI published a set of high level principles on requesting and obtaining medical information electronically from GPs. These principles were developed with input from the BMA and the ICO. This is to ensure that any electronic medical requests adhering to these principles will secure the release of a patient's medical record to at least the same data protection standard of, or a higher standard than, the current paper-based system. The new guiding principles can be accessed via:

<https://www.abi.org.uk/~media/Files/Documents/Publications/Public/2017/Health/REQUESTING%20AND%20OBTAINING%20MEDICAL%20INFORMATION%20ELECTRONICALLY.pdf>

Practices should seek to agree the fee with the requestor in advance of completion. Practices may also wish to seek advanced payment. BMA guidance on fees for insurance reports and certificates can be accessed via:

<https://www.bma.org.uk/advice/employment/fees/insurance>

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NHS PROPERTY SERVICES (NHSPS) ONGOING ISSUES

Debt Recovery Letters: A number of practices have recently received debt recovery letters. The GPC raised this with NHSPS and received the following clarification: "NHS SBS have previously assisted us with contacting customers in relation to outstanding bills, however we ceased using SBS for this activity in June 2016. We are aware of around 200 letters sent by SBS to our customers due to a computer error during January and February of this year. These letters should not have been sent". The GPC has confirmed that practices can ignore any debt recovery letters received from NHSPS.

Service Charges: The GPC has raised concerns with NHSPS regarding the increased service charges which are being levied and the way that this is being done. A letter to practices giving an update from the GPC can be accessed via: [http://www.sheffield-lmc.org.uk/website/IGP217/files/Ongoing%20issues%20with%20NHSPS%20\(to%20practices\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/Ongoing%20issues%20with%20NHSPS%20(to%20practices).pdf)

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INTER-AGENCY REFERRALS

Concerns have been raised with us regarding poor communication between Multi Agency Support Teams (MAST) and Child and Adolescent Mental Health Services (CAMHS). Examples were given of GP referrals being bounced back from one organisation with the suggestion that referral is made to the other and a lack of a co-ordinated approach across the different services. At a recent meeting these problems were acknowledged and attributed mainly to issues of consent and confidentiality. We were assured by Margaret Ainger, Clinical Director for Children, Young People & Maternity at Sheffield Clinical Commissioning Group (CCG), that following discussions with Dr Girish Vaidya, Consultant Child and Adolescent Psychiatrist, these issues had been resolved. MAST and CAMHS should now speak directly with each other and GPs should no longer be getting referrals bounced back.

We consider this to be a significant benefit to local practices and patients but, if you have examples to the contrary, it would be appreciated if these could be forwarded to the LMC office via manager@sheffieldlmc.org.uk.

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IDENTIFYING AND SUPPORTING SHEFFIELD'S YOUNG CARERS

Article submitted by Sara Gowen, Managing Director, Sheffield Young Carers

It is estimated that as many as 1 in 12 young people are carers, which is equivalent to over 7000 in Sheffield. Many are not recognised as having a caring role by their GP and this can have a major impact on their health. Based on this statistic and data from Sheffield CCG and the 2011 census, it is estimated that every GP may have up to 20 young carers amongst their patients.

Sheffield Young Carers (SYC) offer their top tips to surgeries:

1. Create a young carers register and offer flexible/after school and double appointments;
2. Nominate a Young Carers Lead (written into job description);
3. Add a self-identification question to your existing patient registration form;
4. Put up posters and leaflets in your waiting room and consulting rooms about young carers and services available to them – if you do not have any SYC posters and leaflets or would like a further supply please contact Sara Gowen (contact details below);
5. Run training for all staff and the surgery's patient participation group (PPG);
6. Increase receptionists' awareness as to who the young carers are so that allowances can be made when they want to make an appointment for themselves or the person they are caring for;
7. Increase awareness of GPs on the impact that caring can have on the young person (checking in on their welfare at appointments can go a long way towards building a good relationship and helping the young person feel supported).

SYC has worked with several surgeries including Woodhouse, Firth Park and White House to develop good practice. For further information, please contact Sara Gowen via 0114 2584595 or sara.gowen@sycp.org.uk.

SYC's website: www.sheffieldyoungcarers.org.uk includes a section for professionals.

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CHANGES TO THE STATEMENT OF FITNESS FOR WORK FORM

Over the coming weeks you will notice changes to the Statement of Fitness for Work forms, which were agreed between the Department for Work and Pensions (DWP) and GP representatives at the DWP GP Forum on the Work, health and disability: improving lives green paper. Changes have been applied to:

- the advisory notes section on the right hand side to improve the clarity of the advice given;
- provide details about Fit for Work;
- inform recipients about the extraction of anonymised fit note data;
- remove the patient 'Declaration' field.

Both new and old versions are valid until the IT suppliers' full rollout is complete.

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HPV ACTION SURVEY

The GPC recently met with HPV Action, who are campaigning to get all boys vaccinated against HPV. This is in line with LMC Conference and BMA Annual Representative Meeting (ARM) policy. As part of HPV Action's work, they are running a very brief survey of GPs and dentists, seeking their views. The survey can be accessed via <https://www.surveymonkey.co.uk/r/XG935K3>

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SESSIONAL GP SURVEY

The BMA recently launched the biggest survey of sessional GPs:

<https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/sessional-gp-survey>.

The aim is to understand the sessional GP workforce, gather information about workload and earnings, and understand career decisions and intentions. This will help in discussions with government about sessional GP issues and improve representation of sessional GPs by the GPC sessional subcommittee.

The survey covers the following areas:

- Different types of roles sessional GPs undertake;
- Earnings and expenses;
- Morale and wellbeing;
- Contractual arrangements;
- Workload;
- Representation.

The survey is open to everyone whether BMA members or not, and is applicable for any GP who works in a salaried or locum role, including partners who may have additional roles. The **deadline for completion is 20 March**.

As practices will be aware, Sheffield LMC has not received any updates on doctors joining, leaving or changing their status on the Performers List since Primary Care Support England (PCSE) took over this function. Of particular concern is a lack of information about, and ability to adequately represent, doctors who are not attached to a represented Sheffield practice. Therefore, practices' assistance in cascading details of the survey to sessional GPs who work at the practice on an occasional basis, such as GP locums, would be particularly appreciated. Thank you.

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SESSIONAL GPs E-NEWSLETTER: FEBRUARY 2017

The January edition of the Sessional GPs e-newsletter is available on the BMA website at: <http://bma-mail.org.uk/t/JVX-4RN48-1BJCJOU46E/cr.aspx>. The main articles include:

- Capita and the NHS pension fiasco – part 2
- Indemnity: a maths masterclass
- Indemnity Q&A from NHS England
- GP Career Plus scheme aims to retain more GPs
- New models of care: what to look out for

Of particular importance are:

1. The change to funding for indemnity arising from the 2017/18 GP contract negotiations.
2. Update following a further meeting between the GPC, NHS England and Capita, covering issues such as:

- Where to find the correct information
- Unallocated money
- Type 2 Annual Self-Assessment Form
- Performers List
- How to send future pension contributions
- Lack of receipt mechanisms
- Online Locum A and B forms
- Capita Updates

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Please forward any articles for inclusion in the LMC newsletter to
[**manager@sheffieldlmc.org.uk**](mailto:manager@sheffieldlmc.org.uk)

Articles for the April edition to be received by Friday 7 April

Submission deadlines can be found at
[**http://www.sheffield-lmc.org.uk/website/IGP217/files/VB_and_Newsletter_Deadlines.pdf**](http://www.sheffield-lmc.org.uk/website/IGP217/files/VB_and_Newsletter_Deadlines.pdf)