

# SHEFFIELD LOCAL MEDICAL COMMITTEE

# Newsletter

## March 2018

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### ***GPS AS DATA CONTROLLERS UNDER THE GENERAL DATA PROTECTION REGULATION (GDPR)***

The GDPR is an EU Regulation which will be directly applicable in the UK on 25 May 2018. It should be read alongside the forthcoming UK Data Protection Act 2018 (DPA 2018). The GDPR and the DPA 2018 will replace the existing DPA 1998.

Key Changes under the GDPR:

- Compliance must be actively demonstrated, for example it will be necessary to:
  - keep and maintain up-to-date records of the data flows from the practice and the legal basis for these flows; and
  - have data protection policies and procedures in place.
- More information is required in 'privacy notices' for patients.
- A legal requirement to report certain data breaches.
- Significantly increased financial penalties for breaches as well as non-compliance.
- Practices will not be able to charge patients for access to medical records (save in exceptional circumstances).
- Designation of Data Protection Officers.

The UK DPA 2018 has not yet been finalised; however, the British Medical Association (BMA) has produced interim guidance to help GP practices prepare for the GDPR. The guidance is subject to change when the DPA 2018 comes into force and may be updated.

The guidance sets out the main themes of the legislation and what practices need to do to ensure compliance, including:

- What is a data controller?
- Consent and other lawful bases for processing.
- Right to object.
- Data controller responsibilities for processing: privacy notices.
- Accountability: demonstrating compliance.
- Dealing with requests for confidential health data.
- Breach reporting.
- Subject access requests.
- Additional concepts under GDPR.

The BMA's guidance can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/GPs-data-controllers-under-GDPR-mar2018.pdf>.

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### **WORKLOAD CONTROL IN GENERAL PRACTICE**

GPs consistently raise unsustainable workload levels as the main reason they struggle on a day to day basis. In response, the British Medical Association (BMA) is proposing a workload control strategy.

The objectives of the strategy include:

- Agree a range of clear quantitative limits to help individuals identify what safe practice looks like for them.
- Produce guidance on the implementation of safe practice across scenarios, illustrating common practice working patterns such as telephone consultations and triage.
- Endorse or promote the implementation of system change which allows the provision of safe general practice.
- Propose contractual innovations for practices where rurality or other factors hamper system change.
- Introduce an "OPEL Alert" system for use by practices and LMCs.

The BMA's strategy can be accessed via: [http://www.sheffield-lmc.org.uk/website/IGP217/files/workload-control-general-practice-mar2018%20\(1\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/workload-control-general-practice-mar2018%20(1).pdf).

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### **ELECTRONIC REPEAT DISPENSING (eRD) TRAINING**

Further to the article in the February LMC Newsletter regarding eRD training sessions, we have had some responses but would be grateful if any practices interested in the training could respond to the LMC office **by Friday 23 March 2018**.

As a reminder, the details are as follows:

*Community Pharmacy Sheffield (CPS) has been liaising with NHS Digital with a view to arranging eRD training for pharmacists in Sheffield. At a meeting between LMC and CPS representatives, it was suggested that joint pharmacy / general practice training could be arranged, so that participants have the opportunity to network and understand the workload and processes involved at both the pharmacy and the practice.*

*CPS has discussed who the training should be targeted at, and noted that where eRD seems to be working well there is a lead member of the practice team (not necessarily a GP) who supports the rest of the team. Therefore, it would seem sensible for the training to be available to pharmacists, GPs and support staff. It is hoped that training sessions can be arranged during the day and in the evening, to maximise attendance.*

*It would be helpful to the organisers if any practices interested in accessing eRD training from NHS Digital could email [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk) confirming the number of participants that would be interested and any preference for morning / afternoon / evening sessions.*

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## **REQUESTS FOR MEDICAL EVIDENCE IN SUPPORT OF EMPLOYMENT SUPPORT ALLOWANCE (ESA) CLAIMS AND APPEALS**

At the January LMC meeting Sarah Hainsworth, Clinical Standards Lead and GP Engagement Ambassador, Centre for Health and Disability Assessments (CHDA) gave a helpful presentation on requests for medical evidence in support of ESA claims and appeals. Sarah's presentation can be viewed at:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/CHDA%20-%20GP%20Ambassador%20Presentation.pdf>.

As a result of the presentation and Q&A session we have produced new guidance for GPs detailing the following:

GPs have a statutory obligation to provide statements of incapacity to patients on their list (Fit Notes/Med3) and certain information to healthcare professionals working for the CHDA on behalf of the Department for Work and Pensions (DWP) when requested (ESA113/FRR2).

We have received assurances from the DWP that patients are not asked to request information directly from their GP. If Jobcentre Plus or the CHDA considers that further medical evidence is necessary, they will seek it.

CHDA guidance *Supporting you to support your patient with benefit assessments* gives examples of the types of information most useful to CHDA, along with examples of evidence they are not able to use. The guidance can be accessed via:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Completing%20Further%20Medical%20Evidence%20Forms.pdf>

Further information about the CHDA, their role in the benefit claim and appeals processes and a Q&A section for GPs can be found at [www.chdauk.co.uk](http://www.chdauk.co.uk).

*DWP Medical (Factual) Reports* also offers background information on each form and clarification on specific questions, in an attempt to make the processes as effective as possible:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/DWP%20Medical%20\(Factual\)%20Reports.pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/DWP%20Medical%20(Factual)%20Reports.pdf).

There is no requirement for GPs to provide reports or offer an opinion on incapacity for work to anyone else, such as the Citizens Advice Bureau. We have made it clear to Citizens Advice representatives that they should not involve GPs in this process.

When refusing to provide information directly to the patient, GPs would be advised to:

1. Inform the patient that mechanisms are in place for relevant information to be requested from GPs by a number of organisations involved in the process.
2. Make it clear that the refusal to provide medical evidence should not be taken as having any bearing on the case in question.

If the patient thinks that further medical evidence is necessary to support their claim or appeal, they should contact Jobcentre Plus or the CHDA, clearly stating their reasons for believing that further evidence is necessary.

If practices have any problems with this process, please forward details to the LMC office via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

For ease of reference the above guidance can be found at:

[http://www.sheffield-lmc.org.uk/website/IGP217/files/ESA%20Claims%20&%20Appeals%20\(Feb18\).pdf](http://www.sheffield-lmc.org.uk/website/IGP217/files/ESA%20Claims%20&%20Appeals%20(Feb18).pdf).

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### **GP ACCESS: MEETING THE REASONABLE NEEDS OF PATIENTS**

In November 2017, NHS England issued guidance to commissioners regarding the definition of how practices meet the 'reasonable needs of patients' in providing or arranging access to essential and additional services delivered under the General Medical Services contract.

The guidance goes beyond the requirements on practices and the General Practitioners Committee (GPC) has been clear with NHSE that it does not agree with it and that it is non-binding for commissioners.

To be clear on your contractual obligations and what you can do if you are challenged by commissioners, it is recommended that you read the GPC's guidance, available via: <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/access-to-gps-for-patients>.

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**SHEFFIELD CITY COUNCIL (SCC) HEALTH & HOUSING SERVICES**  
**REQUESTS FOR MEDICAL REPORTS**

We have recently been in contact with Die Green, Health and Housing Team Manager, Care and Support Services at SCC regarding SCC's Health & Housing Services requesting medical reports from GPs. Agreement has been reached between the LMC and Health & Housing Services that patients will **not** be asked to obtain medical evidence to support their medical re-housing applications.

In circumstances where a medical report is necessary, SCC Health & Housing Services will write directly to the GP enclosing the patient's written consent. As this work is not part of a GP's contract of employment or terms and conditions of service, and is not part of the NHS, GPs are entitled to charge a fee (fees are no longer set by the DDRB - the last DDRB set fee was £25.15 in 2005/06). An invoice should be forwarded to SCC's Health & Housing Service with the medical report. It is not possible for payment to be made in advance.

If practices have any problems with this process, please forward details to the LMC office via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).

For ease of reference the above guidance can be found at:

<http://www.sheffield-lmc.org.uk/website/IGP217/files/SCC%20Health%20&%20Housing%20Services%20Feb18.pdf>.

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**LMC BUYING GROUP AND THE  
GENERAL DATA PROTECTION REGULATION (GDPR)**

*Article submitted by Helen Shuker, Head of Operations, LMC Buying Groups Federation*

You're probably already aware that the regulations surrounding data protection are changing. The GDPR will apply in the UK from 25 May 2018. Whilst there are similarities with the current UK Data Protection Act, GDPR goes much further which is why we need you to re-register your practice as a member of the LMC Buying Groups Federation.

By re-registering you can have full access to all the pricing information, ensure your practice continues to receive Buying Group discounts and be amongst the first practices to be able to use the new vacancy advertising service which will be launched next month.

The registration form only takes two minutes to complete so we'd be really grateful if you could spare the time in the coming weeks to fill it in so we can continue to provide the service to your practice: <https://www.lmcbuyinggroups.co.uk/members>.

If you've recently re-registered (in the last two months), you should have already received your new website login details but if you have any questions, please call the Buying Group on 0115 979 6910, email [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk) or Live Chat via <https://www.lmcbuyinggroups.co.uk/>.

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**PRIMARY CARE SUPPORT ENGLAND (PCSE) SERVICE FAILURES**

Further to the article in the February LMC newsletter, the online guide produced by the British Medical Association has been updated in order to assist practices in making legal written requests for undisputed debts to be paid within 21 days, with amendable covering letters and legal form templates. In addition, a template subject access request letter has been produced, which practices can complete and send to NHS England to access pension records. Further information can be found at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/capita-service-failure>.

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**FLU VACCINATIONS FOR UNDER 18S FOR 2018/19**

Further to the article in the February LMC newsletter regarding flu vaccines for over 65s, all practices should be aware that all eligible children aged from 6 months to 17 years will continue to be supplied centrally through Immform vaccine supply. For GPs this is 2 and 3 year olds and those 6 months to under 18 years in clinical risk groups. This will not change for 2018/19 and GPs do not need to directly order any vaccines for this age group from manufacturers/suppliers.

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## ***FIT FOR WORK SERVICE COMING TO AN END***

Following low referral rates, the Fit for Work assessment service will come to an end in England on 31 March 2018. The service stopped taking new referrals on 15 December 2017. Existing eligible referrals that have been made up to this point will receive full support for up to 3 months. Employers, employees and GPs will continue to be able to use the same Fit for Work helpline, website and web chat, which offer general health and work advice as well as support on sickness absence. Further information can be found at: <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/fit-for-work>.

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## ***STATE-BACKED INDEMNITY SCHEME UPDATE***

Following the announcement last year of a state-backed indemnity scheme, the General Practitioners Committee continues to work with the Department of Health and Social Care on the details. To support their commitment the Department has issued the following update:

*Following the Secretary of State's announcement on 12 October 2017 of a state-backed indemnity scheme for general practice in England, the Government has started work with GPs and their representatives to develop a more stable and more affordable indemnity scheme for general practice. This will require significant complex work before it can be implemented, including further work with GP representatives and other parties to develop our plans.*

*We expect to announce further details of the scheme in May 2018, with the scheme going live from April 2019. Until the scheme is in place, GPs should continue to ensure they have appropriate indemnity cover in line with GMC requirements to enable them to practise. We want to ensure that the scheme works best for general practice and their patients, and provides value for money for government. As part of this work, we are commissioning a survey so that we can draw on an informed and up to date view of the GP indemnity market as we design the scheme. The survey will commence shortly, and we want to encourage GPs who are contacted to take part, as well as other health professionals working in general practice, to respond."*

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## ***CHILD HEALTH INFORMATION SERVICE (CHIS) SUSPENSION OF SCHEDULING***

*Article submitted by Mel Howard, Public Health Commissioning Manager, NHS England – North (Yorkshire & the Humber)*

CHIS is commissioned by NHS England (NHSE) and NHSE has been moving towards a standardised national service specification over the last couple of years, and is continuing to review services in line with the developing digital health strategy.

Yorkshire and the Humber CHISs have slightly different historic practices regarding the suspension of scheduling for childhood vaccinations where CHIS undertake the scheduling and/or appointing for GP practices for childhood vaccinations.

Notification has been received from NHSE that suspensions should no longer be undertaken as part of the CHIS process, unless at the written request of the child's GP or other healthcare professional, as CHIS is an administrative system without clinical responsibility. A record of the written request of suspension by the child's GP or other healthcare professional should be kept on the CHIS system. It is important that every opportunity is taken to encourage parents / carers to take their children for the appointments and suspending them does not support this approach.

Directing CHISs to cease suspensions immediately could have a significant knock on effect to the scheduling of appointments, as clinic slots will automatically be allocated by the system to these children first. For those practices that have a small number of children suspended it will be less of a problem as they can easily be titrated back in to the appointment system. Where practices have a larger number of suspensions, if their suspended children were suddenly released in to the appointment schedule, this could create workload issues in surgeries, result in a large number of appointment slots with no children attending (as they already have a history of not attending) and a delay for those children ready to be booked in for the first time.

Due to the above NHSE has been pulling together a plan to ensure that all but clinically authorised suspensions are removed from the system by 31 March 2018 at the latest. They have already notified CHISs of the situation and that they need to, with immediate effect, discontinue adding suspensions in the first instance (unless clinically advised otherwise), and NHSE will work with CHISs to consider how best to move smoothly to the new process for all suspensions.

NHSE is analysing the scale of the issue and identifying the main areas where it may require more management. They will then finalise a plan and ensure that the necessary communication and discussions are undertaken in each locality with those CHISs affected and relevant stakeholders.

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## **SESSIONAL GPs E-NEWSLETTER: FEBRUARY 2018**

The February edition of the Sessional GPs e-newsletter is available on the British Medical Association website at: <https://bma-mail.org.uk/t/JVX-5GIM6-1BJCJOU46E/cr.aspx>.

The main articles include:

- What does the Bawa-Garba ruling mean for sessional GPs?
- Capita and the NHS pension fiasco - part six.
- Fever in under 5s: putting NICE guidelines into practice.
- Type 2 annual self-assessment forms: deadline approaching.
- Maternity leave: your questions answered.

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## **GP TRAINEE E-NEWSLETTER: MARCH 2018**

The March edition of the GP Trainee e-newsletter is available on the British Medical Association website at: <https://bma-mail.org.uk/t/JVX-5I1RL-1BJCJOU46E/cr.aspx>.

The main articles include:

- Out of hours: gain or pain?
- GP trainee out-of-hours survey results.
- NHS Employers help desk to close.
- GP trainee pay reimbursements to practices.
- The ins and outs of exception reporting.
- GP trainees subcommittee.
- Junior doctors conference 2018.
- Get involved in local negotiating committees.

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## **GP TRAINEE OUT OF HOURS (OOH) SURVEY**

The British Medical Association (BMA) GP Trainee Subcommittee conducted a survey into OOH to gather information on key issues such as minimum notice, supervision and feedback. This has allowed the BMA to build evidence in an area that many GP Trainees are concerned about. Key findings from the survey, which are grouped in to *Supervision in GP OOH*, *Access to GP OOH*, *Training and Careers* can be found at: <https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/gp-trainee-out-of-hours-survey>.

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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 6 April**

**Submission deadlines can be found at**

<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202018.pdf>