SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

November 2015

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PARTNERSHIP AGREEMENTS

The General Practitioners Committee (GPC) and LMCs continue to report circumstances where practices find themselves in significant difficulty due to the absence of an up-to-date Partnership Agreement.

A partnership without a written agreement is a partnership at will, ie one which subsists at the will of the partners from day to day.

A partnership at will is an unstable business relationship as it can be dissolved on notice by any partner. Such notice may be served by one partner on the others without their prior knowledge or consent and will take immediate effect, unless it can be proved that a notice period has been agreed. No reason need be given to justify such notice. In addition the notice and any consequent dissolution may result in the forced sale of all partnership assets (including the surgery premises) and the redundancy of all staff, incurring potentially large financial liabilities.

Over the years, Sheffield LMC has urged practices to ensure they have a written Partnership Agreement in place and that it is up-to-date and includes all partners.

It is of concern that any practice operate without such an agreement in place. This is particularly relevant in the current climate of recruitment and retention difficulties, looking at alternative ways of working, eg practice mergers, federations etc.

The GPC has produced guidance on Partnership Agreements, which can be downloaded from the LMC website via: http://www.sheffield-lmc.org.uk/OG09/Partnership_Agreements.pdf.

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PATIENT REGISTRATION FOR GP PRACTICES

The overriding principle that applies to patient registration is anyone, regardless of nationality and residential status may register and consult with a GP without charge.

The GPC has recently issued guidance which aims to clarify the conditions surrounding patient registration in GP practices:

http://bma.org.uk/support-at-work/gp-practices/service-provision/patient-registration-for-gp-practices

The guidance covers:

- What are the contract and regulatory conditions?
- Duty to provide emergency and immediately necessary treatment.
- Declining a patient registration.
- Registering without proof of identity and address.
- Registering temporary or permanent residents.
- Registering homeless patients.

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COLLECTION OF PATIENT OBJECTION DATA

All practices should have received a communication from the Health and Social Care Information Centre (HSCIC) about the collection of patient objection data. The GPC strongly recommends that practices participate in this collection to allow the HSCIC to uphold patient objections to their data being shared.

Patients are able to register objections with their practice to prevent their identifiable data being released outside of the practice for purposes beyond their direct care (Type 1 objection), or to prevent their identifiable data from any health and social care setting being released by the HSCIC for purposes beyond their direct care (Type 2 objection).

The HSCIC will be collecting the following data:

- For patients with a Type 2 objection (or a withdrawn Type 2 objection), the NHS Number, objection code(s) and code date will be extracted. The collection of patient identifiable data (NHS Number) is necessary to allow the HSCIC to uphold these objections. The data will be used internally by the HSCIC and will not be published or released.
- Aggregate data on the number of Type 1 and Type 2 objections. This will allow the HSCIC to monitor the rate of objections.

The legal basis for the collection of this data is the issuing of directions under section 259 of the Health and Social Care Act 2012.

Practices will receive an offer from the HSCIC to participate in the collection called '*Patient Objections Management*' within the Calculating Quality Reporting Service (CQRS).

The deadline for participation has not been specified, but practices have been asked to participate as soon as possible ahead of the first extract. Extractions will run monthly from December 2015.

Queries on how to participate should be directed to the HSCIC contact centre, with 'Patient Objections Management data collection' in the subject line via Tel: 0300 303 5678 or email: enquiries@hscic.gov.uk.

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SALE OF PATIENT DATA

In the April 2015 edition of the LMC newsletter, we noted reports in the media about the sale of patient data by the online pharmacy service Pharmacy2U. The GPC confirmed that the Information Commissioners Office (ICO) and General Pharmaceutical Council would be investigating the matter.

The ICO has now concluded its investigation and Pharmacy2U has been fined £130,000 for breaching the Data Protection Act.

The ICO investigation found that Pharmacy2U had not informed its customers of intentions to sell their details, and customers had not given consent for their personal data to be sold on. The report concluded that the sale of customer names and addresses, and the subsequent targeting of these customers by third parties, was 'likely to cause distress to individuals who have a reasonable expectation of confidentiality'.

The findings raise serious concerns about the handling of personal data by Pharmacy2U, which is the UK's largest NHS approved online pharmacy.

It is not yet clear whether any further action will be taken by the General Pharmaceutical Council or the Care Quality Commission (CQC), with which Pharmacy2U is registered.

Please note that the breach relates to data held by Pharmacy2U – there is no indication of any data breach from GP systems.

Full details of the ICO investigation are available via: https://ico.org.uk/about-the-ico/news-and-events/news-and-blogs/2015/10/online-pharmacy-fined-for-selling-customer-details/

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INDICATORS OF QUALITY OF CARE IN GENERAL PRACTICE

In June 2015, the Department of Health asked the Health Foundation to carry out a review into indicators of the quality of care offered by GP practices in England. The recently published review *Indicators of quality of care in general practices in England* can be accessed via: http://www.health.org.uk/publication/indicators-quality-care-general-practices-england

The review assessed if comparable indicators of the quality of primary care were sufficiently developed to be used to help practices improve quality, and whether such indicators help patients and carers gauge the quality of care their GP practice provides. It also considered whether credible indicators were available for specific population groups and the services available to them.

Dr Chaand Nagpaul, Chair of the GPC issued a response to the report, which can be accessed via: http://web2.bma.org.uk/pressrel.nsf/wall/351C0D482D135A5280257EDC00470E08?OpenDocument

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SEASONAL FLU: INCLUSION OF MORBID OBESITY

The October LMC newsletter contained an article confirming that practices will be paid for vaccinating morbidly obese patients as part of the seasonal flu programme.

Therefore, the LMC is disappointed to note that the Public Health England Yorkshire and the Humber Screening and Immunisation Team Update w/c 2 November 2015 states that, having reviewed the guidance and documentation, no payment can be made.

The GPC contacted NHS England for clarification when this issue was first raised earlier this year. NHS England confirmed that there will be no changes to the current enhanced service to include the morbidly obese as a stand-alone cohort, as the recommendation for this cohort came in after the eligible patients and funding had been secured for 2015-16. The wording in the service specification addresses this:

"JCVI have advised that morbidly obese people (defined as BMI>40) could also benefit from a seasonal influenza vaccination. Many of this patient group will be eligible for vaccination under another risk category due to other health complications that obesity places on them. However, funding has not been agreed to cover this cohort as part of this ES. Practices are able to use clinical judgement to vaccinate patients in this group, but vaccinations for morbidly obese patients with no other risk factor are not eligible for payment under this ES. The inclusion of this cohort in subsequent years is under consideration".

In addition, NHS England confirmed that the morbidly obese are not included in the pharmacists' additional service so they should not be directed to pharmacists unless recommending a private vaccination.

The GPC's advice to practices is that there is no obligation to vaccinate patients with BMI over 40 and that no pressure can be applied to practices as this is not about clinical risk, but due to a funding decision by NHS England.

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TAMIFLU FOR THE PROPHYLAXIS OF INFLUENZA IN NURSING AND CARE HOMES

Following concerns being raised regarding pressure from Public Health England to prescribe Tamiflu for the prophylaxis of influenza in Nursing and Care Homes where there have been confirmed cases of influenza, the GPC sought legal advice. This was highlighted in a letter to Public Health England:

GMS regulations are clear that this service is not included under essential services that practices are required to provide for their registered patients. Essential Services are defined in the GMS regulations with reference to regulations 15(3) (5) (6) and (8). Additional work must be commissioned and funded separately as an enhanced service. Examples of these are the influenza vaccination programme and catch up MMR vaccination campaign.

Although Public Health England disagreed with this view, the GPC's advice to practices remains that this work is not covered by their contracts and must be properly commissioned.

Sheffield LMC subsequently brought this gap in provision to the attention of Sheffield Clinical Commissioning Group (CCG) in October.

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CHILDHOOD FLU VACCINE SHORTAGES

Due to shortages of the childhood flu vaccine Fluenz, Public Health England and The Medicines and Healthcare Products Regulatory Agency (MHRA) have agreed that practices can instead use the US labelled FluMist® Quadrivalent, which is fully licensed for use in the UK.

Please note that FluMist® Quadrivalent cannot be administered / supplied under the existing Fluenz Tetra Patient Group Direction (PGD). Public Health England's Vaccine Update Issue 235 (October 2015) explains about the batch expiry date, includes a link to a template PGD and explains how to record it on the clinical system - either as 'Influenza vaccine (Live attenuated)' or 'Fluenz Tetra': https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470306/PHE_9546_VU_235_Special_Edition_05_web.pdf

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INTELLIGENT GENERAL PRACTICE REPORTING (iGPR) TOOL

The GPC IT Subcommittee has received a number of queries about the iGPR tool. The iGPR tool:

- has been produced by Niche Health and is available to EMIS, INPS Vision and TPP SystmOne practices;
- allows practices to respond to requests for patient health information electronically;
- provides an electronic process for practices to provide patient information to requesting third parties, such as insurers and solicitors - requests can include Subject Access Requests (SARs) and GP Reports (GPRs).

There are other systems that provide similar functionality.

The Joint GPC/Royal College of General Practitioners (RCGP) IT Subcommittee is unable to 'approve' or 'endorse' third party software products. However, they are able to provide the following generic advice:

- With regard to any SAR from an insurer, practices should read the British Medical Association (BMA) guidance on how to manage SARs for insurance purposes: http://www.sheffield-lmc.org.uk/OG15/FocusSubjectAccessRequestsInsurancePurposes.pdf.
- The BMA's guidance was issued following a review by the ICO, and advises practices to contact the patient where a SAR from an insurance company is received, rather than sending the full medical record direct to the insurer. A template letter is included in the guidance, which asks the patient to choose between receiving the medical record themselves (so they can decide whether to send this onto the insurance company), or to ask their insurer to seek a GPR from the practice.
- It should also be noted that when a SAR is produced, the Data Protection Act (DPA) requires certain types of data to be redacted. Any additional

redaction offered by any reporting tool over and above the legally required redaction would, in the Joint GPC/RCGP IT Subcommittee's view, mean that the resulting report no longer constitutes a SAR.

- Where practices wish to use these tools for purposes other than insurance company SARs, this is a matter for individual practices to decide.

Separately, practices have asked for advice on electronic patient consent, and the legal position is that electronic patient consent is acceptable. However, where there is any doubt that the patient has consented to the report, practices should check with the patient.

Please note there is no requirement for practices to use these reporting tools, and it is for practices to decide whether to receive requests through them (rejecting these requests should prompt the third party to request the information by alternative means) or to deactivate the tool.

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TPP SystmOne Automated Extraction Issues

As many of you will be aware, a number of issues have come to light affecting TPP SystmOne practices and the automated extracts for childhood flu, shingles and pertussis.

The HSCIC discovered that TPP's validation and assurance for the automated extracts does not meet the required standards set by the HSCIC. This means that the data these practices present for payment cannot be guaranteed as being accurate and, as a result, the reported activity may not be correct, and practices could be under or over paid.

HSCIC's recommendation is that until TPP can provide assurance that meets the required standards, their practices should be advised that they must revert back to manual claims. HSCIC has contacted Regional Teams and TPP are contacting their practices with detailed advice about reverting back to manual claims.

The GPC has raised concerns about the burden this places on practices with NHS England and the HSCIC, as well as requesting an update on what steps are being taken to ensure that TPP's validation and assurance are fit for purpose in future.

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GP Electronic Annual Practice Declaration (eDEC)

All practices should have received a letter (distributed electronically) dated 28 September 2015 from Victoria Lindon, Senior Primary Care Manager, NHS England - North (Yorkshire and the Humber), noting that the 2015/16 GP eDec is open for submissions over a 6 week period from Wednesday 4 November to Wednesday 16 December 2015.

All GP practices are required to submit their eDec electronically through the primary care website: https://www.primarycare.nhs.uk/

82% of the eDec has been pre-populated with responses provided from last year's eDec submission. Please note that practices should check the pre-populated responses, amending these where necessary.

The communication from NHS England details the action required by practices in relation to the remaining 18%, as well as including FAQs.

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Making Time in General Practice

The *Making Time In General Practice* study by the NHS Alliance and the Primary Care Foundation was commissioned as part of NHS England's work to implement the NHS Five Year Forward View. It was overseen by a steering group which included the RCGP and the GPC.

Some key headlines from the report are:

- A significant amount of GP time could be freed up if GPs were not having to spend time rearranging hospital appointments, and chasing up test results from local hospitals. This accounted for 4.5% of appointments in the study, an estimated 15 million appointments if repeated across England.
- It is estimated that 1 in 6 of the patients in the study could potentially have been seen by someone else in the wider primary care team, such as clinical pharmacists, practice nurses or physician assistants, or by being supported to meet their own health needs.
- The reduction of bureaucracy in general practice should be made a national priority; freeing up time for practices to work together, improving communication between general practice and hospitals, unlocking the potential for the whole system to work together, as well as supporting changes and improvements within individual practices.
- Payments systems that GPs use should be streamlined, to simplify and speed up how much time practice managers spend on entering data.

Immediate practical steps to cut down on bureaucracy suggested by the report include:

- Patients who are unable to attend a hospital appointment being able to re-book within 2 weeks without going back to the GP.
- Practices employing a wider range of staff within the practice team, with the decision on the type of staff left to the discretion of individual practices and federations.
- NHS England working with doctors to streamline communication, particularly between hospitals and practices, reducing the workload of processing information within practices.
- Practices freeing up time for GPs and other leaders in the practice to think through how they can work differently - creating the 'headroom' needed to plan new ways of working and clinical innovation.
- GP federations should be funded to work across their practices to build practical social prescribing projects that offer real

alternatives to taking up GP time with patients whose needs can be better met by other kinds of support in the wider community.

A copy of the full report can be accessed via:
http://www.nhsalliance.org/wp-content/uploads/2015/10/Making-Time-in-General-Practice-FULL-REPORT-01-10-15.pdf

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The State of Health Care and Adult Social Care in England

The CQC has published its annual analysis of the quality of health and adult social care in England:
http://www.cqc.org.uk/content/state-care-201415

This is the first national assessment since the introduction of the new inspection regime in October 2014. Key findings include:

- Despite increasingly challenging circumstances, the majority of services across health and social care have been rated as good, with some rated outstanding;
- In the case of primary medical services, 85% of GP practices were rated either good or outstanding;
- Strong leadership and collaboration emerged as a key factor in delivering good care;
- GP practices deliver a better quality of care when sharing learning and providing joined up care through multi professional networks.

The CQC recognised the pressure GPs face from a rise in the number of patients registered with them and the number of unfilled GP posts, with fewer people entering the profession (in 2014 12% of GP training posts went unfilled) and 34% of GPs considering retirement in the next five years. The GPC has suggested that it is these statistics that should be considered when reading the conclusions reached in the report.

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Building on Strong Foundations: CQC Discussion Paper

The CQC has published a discussion paper that sets out some of the choices it faces in responding to changes to how health and social care is delivered.

In Building on Strong Foundations, CQC asks for views on how regulation can develop ahead of the next stage of consultation on its new strategy in January 2016. With its strategy for the next five years (2016-21), CQC is looking to develop the way it regulates health and adult social care in England. Two objectives are set out in the discussion paper:

1. To become a more efficient and effective organisation via:
   - risk-based registration;
   - smarter monitoring and insight from data;
   - a greater focus on co-regulating with providers;
   - more responsive and tailored inspections.
2. To develop its model to ensure that regulation is flexible and responsive enough to adapt with the sectors as they change:
   - assessing how well organisations are working together to provide health and care services for specific populations and in specific local areas;
   - improving information about the quality of care that specific populations experience as they move between services.

CQC is encouraging submission of comments **until 22 November 2015.** A copy of the discussion paper can be downloaded via:
http://www.cqc.org.uk/sites/default/files/20151028_building_strong_foundations.pdf

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Patient Online Programme

Article submitted by Kay Renwick, Implementation Lead - Patient Online, Patients and Information - NHS England

The Patient Online Programme is an NHS England National Programme designed to guide and support GP Practices to meet the contractual obligations outlined in the 2015/16 NHS (GMS Contract and PMS Agreement) Amendment Regulations 2015.

As detailed in last year's contract, practices must continue to offer online access to patients who request access to:

- book, cancel and amend appointments;
- order repeat prescriptions;
- access their summary information – allergies, adverse reactions, medication.

This year's regulations also state that from April 2015 practices must:

- provide patients with online access to their coded records;
- ensure that the appointments available online meet the demand of their patients.

Patient Online is continuing to work in partnership with the BMA and the RCGP and have developed guidance and materials to support GP Practices in relation to Patient Online Access. Guidance includes information on registration, ID verification, proxy, coercion and children's online access:
http://elearning.rcgp.org.uk/course/view.php?id=180&section=0

Additionally, the programme has developed guides in relation to increasing online Transactional Services and Detailed Coded Record Access, which will be available soon via NHS England's website:
http://www.england.nhs.uk/ourwork/pe/patient-online

Within Sheffield, Practice Managers have shown their support to Patient Online by attending User Groups to learn what is available to help practices, and feedback has been extremely positive.

If you would like further information the contacts for the Sheffield Area are:

Dr Taz Aldawoud, Digital Clinical Champion - taz.aldawoud@nhs.net
Kay Renwick, Implementation Lead - kay.renwick@nhs.net.

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URGENT CARE COMMISSIONING STANDARDS

An updated version of urgent care commissioning standards has now been published on the NHS England website and can be accessed via the following link:

http://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf

Of particular note, a post event messaging (PEM) site has been set up which provides guidance for overcoming any outstanding issues relating to PEMs: https://posteventmessaginginfo.readthedocs.org/en/latest/

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DOCTORS' AND DENTISTS' REVIEW BODY (DDRB) EVIDENCE

The BMA has submitted evidence to the DDRB for 2016/17. This can be found at: http://bma.org.uk/working-for-change/policy-and-lobbying/pay-negotiations

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RESEARCH STUDY: GPS JOINING AND LEAVING THE PROFESSION

Ipsos MORI is conducting some independent qualitative research with GPs to explore their views of joining and leaving the profession. They are especially interested in hearing from GPs who identify with the following characteristics:

- with a health condition which, at times, makes them question how easy it is for them to continue working as a GP;
- currently care for another adult or think they might need to care for another adult in the future, which may challenge their ability to stay in the profession;
- returned to practice in England following a period of not working as a GP or as a GP in England or
- who trained in England but are now working as a GP outside the UK.

If you would like to know more about taking part in their research, and to find out if you are eligible, please email: ResearchGP@ipsos.com.

If you are eligible and able to participate in an interview, Ipsos MORI will be able to pay an incentive to thank you for your time.

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SESSIONAL GPS E-NEWSLETTER

The October edition of the Sessional GPs e-newsletter is available on the BMA website at: http://bma-mail.org.uk/t/JVX-3QLGB-1BJCJOU46E/cr.aspx

The main articles include:

- What are your top priorities for your career?
- Juniors contract: this is everyone's fight.
- How I became a freelance GP.
- We need longer consultations.
- GP recruitment warning.
- Are you getting what you're entitled to?
- Get your own BNF

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CAMERON FUND CHRISTMAS APPEAL 2015

The Cameron Fund provides help and support solely to GPs, including those who are retired, and their dependants.

It aims to meet needs that vary considerably, from the elderly in nursing homes to young, chronically sick doctors and their families, and those suffering from unexpected and unpredictable problems such as relationship breakdown or financial difficulties following the actions of professional regulatory bodies.

During 2014, over 140 new requests for help were received by the Cameron Fund and they were able to help 191 new and existing beneficiaries by providing assistance to the value of £319,539. This year to date they have received 107 requests. These referrals are received either directly from the doctor concerned, from a referral made from their LMC or from other sympathetic organisations.

As many of you will be aware, Sheffield LMC makes an annual donation to The Cameron Fund in response to their Christmas Appeal.

As Christmas approaches, they are again seeking help so that they can continue to be in a position to provide suitable support for colleagues who find themselves in financial hardship. The Fund tries to make Christmas for its beneficiaries a little special with a small seasonal gift, but the work of the Fund needs to continue year round.

In the current economic climate, the ever-increasing calls upon the Fund's resources mean that they are, once again, seeking financial support in order to continue their work. Donations can be made by cheque or as a transfer into CAF Bank: Sort Code 40 52 40, Account No 00015215.

If any GPs or their dependants are in need of help please contact Mary Barton via tel: 020 73880796, email: mary@cameronfund.org.uk or post: The Cameron Fund, Tavistock House North, Tavistock Square, London WC1H 9HR.

Further information is available at www.cameronfund.org.uk.

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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

Articles for the December edition to be received by
Friday 11 December

Further submission deadlines can be found at: http://www.sheffield-lmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf