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| **Chief Executive’s Report** | 2018/02April/June 2018 | U:\Marketing and Communications\Marketing Literature\SSLMCs logo\lmcs NEW REV logo generic.jpg |

1. **Breast Screening Programme**

Analysis by Public Health England has identified that, since 2009, an estimated 450,000 women aged between 68 and 71 did not receive the last of their routine three yearly mammography screening invitations that should have occurred between the ages of 50 and 70.

The IT fault has now been fixed and all women who did not receive their final invitation will be offered the opportunity to have a catch-up screen. All affected women will be contacted by the end of May 2018 and if they wish, will have a screen by October 2018. If no letter is received by the end of May then the woman has not been affected by this error. There is a widely publicised helpline available.

There will be review of the underlying reasons for the failure to ensure a similar scenario does not arise in future.

All GPs have been sent an information pack, including background explanation, and sample letter to be sent to patient, and signposting information for those who request further details.

1. **Reimbursement Arrangements when a GP is absent (maternity, paternity and sickness, and other SFE payments)**

In conjunction with Londonwide LMCs, the LMC has worked with NHS England London to produce an updated guide to SFE reimbursements which should have been circulated to all practices; the

LMC has circulated a summary to accompany this, which has been sent to all practices there

This includes:

* updates relating to the 2018/19 Contract Agreement, including uplifted re-imbursements
* changes to the Regulations allowing fixed term contracted GPs to cover absent practice GPs, as well as locums practice
* confirmation that the SFE is applicable to cover GPs who are on a phased return to work from illness.
* an electronic claim form that actually works
* an easily understood list of required documentation

Most SFE reimbursements are now not discretionary, but the LMC suspects that practices are not claiming their full reimbursement entitlements. There are still a couple of niche issues, but this guidance should cover 98% of all eligible practice claims. This claim guide will also be introduced in Surrey and Sussex.

**3) National Data opt-out**

NHS Digital is implementing a national data opt-out programme that provides patients with the option of opting out of their data being used for research and planning purposes.

This is equivalent to the Type 2 opt-out; all type 2 opt-outs are being converted to a national opt-out, which will be held on the NHS Spine, and Type 2 opt-outs will be phased out in October 2018. Type 1 opt-outs will be retained until 2020. All patients with a Type 2 opt-out will receive a personalised letter explaining this change. Practices will receive patient leaflets over the summer. Additional information is available at:

<https://digital.nhs.uk/services/national-data-opt-out-programme>

**4) General Data Protection Regulations [GDPR]**

Colleagues will not have missed the build up to the introduction of the GDPR on 25th May 2018

 both in their practices and also more generally. The LMC has answered scores of questions on this

issue and ran six well attended roadshows.

I think the key message now, reinforced by the Information Commissioner, is that no practice is expected to have all elements in place yet and indeed some elements cannot be fully so, because it is likely to take many months, if not years, before all GDPR implementation guidance is known, and some will depend on case-law.

What practices should have achieved is:

* Preparation and availability of Privacy Notices; the LMC has provided templates of these which do need to be individualised.
* Designation of a DPO [Data Protection Officer]. This needs to be referred to in the Privacy Notice. In Surrey Heartlands CCGs the DPO is being commissioned from the CSWCCU.
* A new protocol for managing SARs [Subject Access Requests].
* Preparation of the information processing register.

The LMC will continue to provide updates on this issue but is currently hampered by not receiving authoritative guidance on some issues.

**5) Medicine Supply Chain**

As colleagues will be aware from a recent LMC guidance kindly prepared in collaboration with East Sussex LPC, this is an increasing problem in practice.

The DHSC’s Medicine and Pharmacy Directorate produce a usually monthly update on supply issues relating to primary care. Whilst this isn’t distributed to individual GPs, it will now be sent to SSLMCs and put on our website.

The most recent high-profile supply issue is diamorphine 5mg and 10mg injection: there will be a shortage of these until at least September 2018 and NHS England is instituting a protocol for hospitals, General Practice and drug misuse centres. Further advice if needed is available via the LMC website.

**6) Updated Guidance on Reflection**

Colleagues will be aware of the considerable disquiet and anger amongst all doctors as a result of the Dr Bawa-Garba case. There are several elements to the profession’s response, but one key theme is in relation to reflective practice.

Developments in relation to this include:

* The GMC’s commitment not to ask for reflective statements as part of its investigations. They can be submitted voluntarily, as in nearly all cases they are of benefit to the GP facing a GMC (or NHS England) performance investigation, as they demonstrate appropriate remediation and current safe practice
* There are different ways to reflect and the GMC doesn’t specify any particular format, it does however, require doctors to reflect as this is seen as key to effective continuing professional development
* All reflections should be anonymised, avoiding any potential patient identifiable data; they should not be a full discussion of a case or situation, as occurs in significant event analysis. The focus should be on the learning that has resulted. What is entered into the appraisal portfolio can be a summary of previous reflections which can be used on a basis for discussion at an appraisal.
* Reflections should include positive and successful situations, as well as being on incidents where care could have been better.

This is a summary of the ‘Interim guidance on Reflective Practice’ from the Academy of Medical Royal Colleges.

GMC guidance on reflection will be published in the Summer.

The Williams Review is underway to review the law of gross negligence manslaughter within healthcare, but this review will include a commentary on the use of reflective commentaries. The BMA has made multiple suggestions to the review which are available via its website.

<https://www.bma.org.uk/collective-voice/committees/medico-legal-committee/medical-manslaughter/bma-response-to-norman-williams-review>

1. **Changes to the Shingles Immunisation Programme**

Following an online published research paper in The Lancet Public Health 2018; 3, e82-90 supported by Public Health England, indicating the health benefits, including reductions in GP consultations for shingles and post-herpetic neuralgia and a substantive economic case, NHS England have recommended GP practices offer immunisation opportunistically to patients (Gateway 07910) throughout the year, to:

* All patients aged 70, on or after their 70th birthday
* All patients aged 78, on or after their 78th birthday
* Any in their 70s who were born after 2nd September 1942, and 79-year-olds, who have not yet been immunised.

Patients are not eligible after their 80th birthday due to the declining efficacy of the vaccine with age.

The immunisation rate is hovering at just under 50% but the uptake has declined in recent years.

As this is a live vaccine, there are several restrictions within what is clearly an elderly cohort and clinicians are recommended to have a copy of the shingles PGD to hand. In addition, because the shelf life is short, practices are recommended to keep limited stock and order frequently via ImmForm.

1. **CQC Update**

**C**olleagues will recall that the CQC Inspection Programme was moving to a five-year cycle for those practices previously designated as good and outstanding, with an annual electronic declaration called the Provider Information Collection (PIC)) to be linked with the NHS e Dec submitted by practices. This was to be introduced this summer once the IT platform was robust, and local Inspection Teams familiar with the process. The introduction of the PIC has now been deferred to April 2019.

The current inspection process will focus on practices where information and ‘intelligence’ suggests a risk to patients.

1. **NHS complaints data return(K041(b) collection.**

The K041(b) is an annual return requested by NHS England from GP practices. There is an equivalent collection from dental practices.

It refers to the number of written complaints received by a practice between the preceding March -April period; that is, for the current return, between April 2017 to March-end 2018. Oral complaints should not be included.

The return excludes:

* complaints forwarded to the Ombudsman
* complaints which after review are found to be more appropriately passed to another organisation
* complaints or investigations instigated by public bodies, such as the Police or Coroner
* complaints regarding GP Out-of-Hours services, unless the practice is opted-in with regard to delivering OOHs

The submission of data is via the Primary Care Web Tool; when completing this, practices will need to note: -

* the number of new complaints during the year in question.
* the numbers found to be upheld, partially upheld, or not upheld
* the age of the patient involved
* the nature of the complaint – several subject areas are included, and as a complaint might cover several, the complaints subject area total must be either equal to or greater than the number of complaints
* the staff group involved in the complaint, again, any one complaint may involve more than one staff group
* there is a comments box, but there is no requirement to make comments

If your practice has received no written complaints during the year, the practice should still complete the return, but there is a facility to record no complaints.

The GPC had previously noted there was no legal obligation to complete this return, accepted by NHS England, but NHS Digital has now produced a legal direction that does require GP practices to do so.

**10) Physician Associates**

The Faculty of Physician Associates (FPA), (a part of the RCP) has produced guidance to provide a better understanding for GPs of how the PA role might help within practices.

This is available at: <http://www.fparcp.co.uk/employers/pas-in-general-practice>

**11) Communications from NHS England/CCGs**

NHS England has contacted some practices in relation to:

* On-line access take-up by patients, if under 10% of practice population
* Provision of private services by GP Contractors

If any colleagues want advice in terms of responding to the first, please contact the LMC. I would ask any colleagues receiving the latter to contact the LMC.

In addition, the LMC is concerned that CCGs do not mis-interpret NHS England advice, or the current Regulations in relation to subcontracting and opening hours arrangement; this has been discussed in CCG liaison arrangements but the LMC will also contact practices if necessary.



Dr Julius Parker

**Chief Executive**