



# THE LMC LINE

No.131 December 2017

@sslmcs

[www.sslmcs.co.uk](http://www.sslmcs.co.uk)

Primary: Secondary Care Interface Leaflet	3	SNOMED CT Switch	4
Requests for Medical Records from the Police	4	State GP Indemnity Scheme	1
PCSE Update	5	Clinical Peer Review of Referrals	4
Cameron Fund Christmas Appeal	5	England LMC Conference	5
GMS1 forms: An Update	3	CQC: Next Phase of Regulation	2
Sessional & Trainee GPs Newsletter	6	TPP Data Sharing: An Update	5
Extension of the Seasonal Flu Immunisation	3	BMA Guidance: GP Training	5
Antivirals for Influenza Prophylaxis	3	NHS Health Checks Coding Incident	4
GMC Welcome to UK Practice Programme	5	DWP Specialist Advice	5
NHSPS and CHP Premises: An Update	4	Survive and Thrive Event	6
GPC Roadshow: 18/19 contract	5	Vacancies	7
NHS Winter Pressures	2	General Data Protection Regulation	2

## State GP Indemnity Scheme

In October, the government pledged to roll out a state backed clinical negligence indemnity scheme for all GPs working under NHS contracts by April 2019. This move came after months of sustained lobbying by the BMA's GPC and calls from GPs across the country for the scale of rapidly increasing indemnity costs (50% between 2010 and 2016) to be recognised.

Following the announcement, the MDU advised that its membership benefits for GPs working in England who renew or join after 1<sup>st</sup> November 2017, will change to '[Transitional Benefits](#)' (claims based coverage) intended to provide the indemnity until a state-backed scheme is introduced. The DoH directly addressed this offer by amending its [indemnity factsheet](#).

For ease of reference the current positions of the other two MDOs are available here:

[Medical Protection Society](#) – and [its comment on the MDU offer](#)  
[Medical and Dental Defence Union of Scotland](#)

There are many details yet to be agreed, and it is likely these will be included in both the next rounds of the GP Contract Agreements. It can already be anticipated however, by analogy with hospital colleagues' CNST (Central Negligence Scheme for Trusts) arrangement, that this indemnity cover will not include non-NHS practice, or NHS England and GMC performance processes and so GPs will need to maintain cover for these issues.

It is also not clear if the new state-backed scheme will cover all claims notified after its commencement. If it does not, MDU members will be able to purchase 'run-off cover' (the MDU refers to this as Extended Benefits Rights).

With the above information in mind, we would like to remind GPs of the requirement to maintain full indemnity cover before any change to a state-backed scheme in the future.

## **NHS Winter Pressures**

As part of their winter resilience efforts, NHS England intend to include an indicator on each practice page on NHS Choices to identify whether weekday evening or weekend appointments are offered, either through local arrangements, the extended hours DES or through other CCG commissioned services.

The LMC is aware of cases where NHS Choices are approaching practices to ask them to add promoting messages such as 'By March 2019 everyone in England will benefit from access to general practice appointment in evenings and weekends at a time that is most convenient to them'. The GPC have told NHSE they do not support this approach and encourages practices to not display this message.

## **General Data Protection Regulations (GDPR)**

As practices will be aware, the GDPR is replacing the Data Protection Act and coming into force on 25<sup>th</sup> May 2018. NHSE will be publishing guidance for practices that will be available from the end of February; the BMA guidance will be available in January. The following bullet points may provide some clarity to practices in the meantime, however:

- Practices should already have data protection policies and procedures in place; under the GDPR they will need to be able to show that they are written down and accessible to staff and that staff are aware these policies are in place.
- Practices should already know what personal data they hold, who can access them (and why), with whom the data is shared (and the legal basis for this), and what security measures are in place for storing and sharing; under the GDPR it will be a requirement to have an audit/record to state the above, which can be provided to the ICO upon request
- Practices should already have 'fair processing' or 'privacy notices' displayed in the practice and on the practice website. These notices should explain to patients how their data might be used, when they might be shared and with whom and any rights of objection.
- Practices need to be able to demonstrate their compliance with the regulations upon request – at present they just need to be compliant; under GDPR they will need to be able to demonstrate that they have all policies and procedures in place, as well as a record of the above.
- Penalties for data breaches, including not being compliant and not being able to demonstrate compliance are much higher under the GDPR, and have lower thresholds.
- Practices will no longer be able to charge a fee for patients to access their own information.
- Practices which are already compliant with the Data Protection Act 1998 will be in a strong position for the introduction of the GDPR. The BMA has existing guidance on GPs as data controllers under the DPA: which you can read [here](#).

## **CQC: The Next Phase of Regulation**

The LMC has sent a detailed [guide](#) to all practices, together with an update based on practice queries and further information provided by GPC and PCSE on the next phase of CQC regulation.

Unfortunately, not all the details about the new CQC inspection regime which began in November are available, and so the planned CQC/LMC roadshows have been deferred until the New Year. What is known, is that there is a new inspection framework, a 5-year inspection cycle for practices rated good or outstanding, and changes to the inspection prioritisation process.

## Antivirals for Influenza Prophylaxis During a Flu Outbreak

NHS England has now published [guidelines](#) which set out the contractual position for primary care for the provision of anti-viral prophylaxis in situations of a flu outbreak. These make it clear that this is not a contractual responsibility for GP practices and that this service needs to be appropriately commissioned by CCGs. Should a practice be asked to undertake this work, please refer the requester to this information and inform the LMC.

## Extension of the Seasonal Flu Immunisation Programme

NHS England has announced that health and social care staff employed by a registered residential/nursing home or domiciliary care provider, who are directly involved in the care of vulnerable patients at increased risk from exposure to influenza, will be eligible to receive a free influenza vaccination from their registered GP or any community pharmacy. NHSE has written to all practices with the new PGD and enhanced service specification.

## New GMS1 Forms

All practices should by now have received new GMS1 forms for use from October 2017. These include supplementary questions to be completed by overseas visitors, who hold a non-UK issued European Health Insurance Form [EHIC], a Provisional Replacement Certificate [PRC] [which is a temporary replacement for a mislaid EHIC] or an S1 form, available to those in receipt of a UK old age State pension but who live abroad.

It is important to note practice staff are not responsible for trying to identify overseas visitors or checking the accuracy or veracity of completed forms. NHS England has a leaflet available to provide additional information for overseas visitors about the NHS.

Under the 2017/18 GP Contract Agreement, GP practices must, for those patients who self-declare they hold a non-UK EHIC, PRC or S1

- Enter this information into the medical record: the only coding currently available relates to holders of European EHIC cards
- Send a copy of the completed GMS1 form to either NHS Digital [EHIC or PRC] or DWP [S1] on an approximately weekly basis.
- If patients hold an S1 form, a copy of this must also be sent to the DWP.

GP practices have been given a Global Sum uplift to fund this additional administrative work.

It is important to note that all eligible patients can register with an NHS GP, whether or not they have identified themselves as an overseas visitor.

If practices use a web based registration process or a bespoke application form, as long as this is updated to include the new questions and guidance, and then printed before the patient signs it, then these approaches can continue.

GMS3 forms should still be used for patients who believe they will be only in the practice for more than 24 hours or less than three months i.e. temporary residents. These forms have not yet been updated to include the supplementary questions.

## Primary: Secondary Care Interface Leaflet for Patients

The BMA, NHS England, and the National Association for Patient Participation have developed a patient [leaflet](#) which describes what patients can expect if their GP refers them to see a specialist or consultant, at a hospital or a community centre, and provides a helpful checklist for patients to use before they leave hospital. The leaflet reflects the changes to the standard hospital contract that the GPC has helped to secure. The LMC would encourage practices to share this leaflet with patients.

## **SNOMED CT**

As some colleagues will be aware, the current coding system used by GPs is being converted to the SNOMED-CT classification from April next year, however, dual running will continue (with SNOMED-CT used preferentially) for at least a year to ensure national QOF and DES data gathering is uninterrupted. It is likely GPs will not notice any real differences in their day-to-day working, although some well-remembered codes will not appear. The LMC has [written](#) to all practices outlining the change.

## **Clinical Peer Review of Referrals**

As you may remember, NHS England recently wrote to CCGs to ask them to ensure that all GP referrals were peer reviewed before being sent. Arvind Madan, NHSE Director of Primary Care, has now [written](#) to all CCGs to confirm that there is no expectation that all GP referrals must be the subject of peer review. The LMC is clear that any additional workload for practices or GP colleagues, such as peer reviewing referrals, must be appropriately resourced, and in fact this issue is unlikely to be a high priority for CCGs given other pressures on NHS service delivery at the present time.

## **Update on NHSPS and CHP Premises Issues**

As you may be aware, last month the BMA issued a freedom of information request to NHSPS and CHP to extract central information over their charging policy with a view to fully understanding why many practices are receiving invoices which appear to bear no resemblance to services used.

In the interim, practices may receive a letter (again) demanding payment of outstanding invoices. If you receive this letter and continue to have concerns over the basis and level of the service charges incurred, the BMA would recommend that you respond asking for;

- (i) details of the specific legal basis upon which they believe the charges are payable, with reference to the terms of occupancy of the premises;
- (ii) details and/or evidence to prove that the charges reflect the services used by the practice or in connection with their specific building; and
- (iii) in so far as not answered by (i) and (ii), and to the extent relevant, a detailed explanation of why the practice is being asked to pay increased service charges compared to previous years.

## **NHS Health Checks Incident: For East Sussex Practices Only**

NHS Health Checks include a calculation of future risk of Cardiovascular Disease determined by an algorithm relying on Read Codes of identified risk factors. In September 2017 it was identified by a GP Practice that some Read codes relating to family history were not picked up by the QRisk2 search engine on the EMIS system.

All EMIS practices in East Sussex have been [contacted](#) and asked to check whether they are using the affected codes. Updated templates have now been provided to all EMIS practices to avoid the issue happening in future. As a result, practices may be asked to offer another NHS Health Check to affected patients, and will be remunerated at an enhanced rate for doing so.

## **Requests for Medical Records from the Police**

The LMC has previously [written](#) to practices with guidance on how to respond to requests for medical records from the police. Following discussions with the NPCC (National Police Chief's Council), it has been agreed that the level of police seniority that we recommend to GPs to obtain before considering releasing medical records to the police is lowered from Superintendent to Inspector. Please note that this is the only change to the guidance that has been made.

## **TPP Data Sharing: An Update**

The GPC and the RCGP have been working to address initial concerns regarding the ability of GP data controllers using SystmOne to comply with the Data Protection Act. TPP has developed a new functionality that, when finalised and fully implemented, will allow GP Data Controllers to meet their obligations under the relevant legislation. It is expected that these tools will be available to all GPs using SystmOne by the end of February 2018.

## **Department for Work and Pensions Specialist Advice**

Specialist Advice is a new initiative delivered by the DWP that offers support to some ESA claimants through a voluntary three way conversation between the Job Centre Plus Work Coach, a Health Care Professional (contracted by the DWP) and the ESA claimant. The Health Care Professional will explore the claimant's health condition, providing lifestyle and appropriate work-focused advice. They will not provide clinical advice. The Health Care Professional may contact the surgery if they identify findings which they feel the GP should be made aware of. It is expected that this will be a relatively infrequent occurrence. If you require any further information about Specialist Advice, or if you have any concerns that you wish to raise, please contact [nicola.warner@dwp.gsi.gov.uk](mailto:nicola.warner@dwp.gsi.gov.uk).

## **BMA Guidance: GP Training**

Further to recently published guidance on GP training, the BMA has now made available example work templates, FAQs and a comparison of the new 2016 junior doctors' contract with the previous one. These can be found [here](#).

## **England LMC Conference**

The first England LMC Conference was held on Friday 10<sup>th</sup> November. The full list of Conference Motions passed by LMC representatives is available [here](#); these will form the workplan for GPC and Policy leads for the coming year.

## **The Cameron Fund Christmas Appeal**

The Cameron Fund is the only medical benevolent fund that supports GPs and their families who have found themselves in financial crisis – primarily through loss of earnings - by offering tailored financial support and help with a return to work. If you would like to donate, please visit their website [here](#).

## **GMC Welcome to UK Practice Programme**

The GMC are running free half day workshops to help doctors new to General Practice, or new to the UK, to understand the ethical issues that may affect them and their patients on a day-to-day basis. Places can be booked [here](#).

## **GPC Roadshow: 18/19 GP Contract Agreement**

The date of next year's GPC Roadshow is the 15<sup>th</sup> February 2018, at the Arora Hotel Crawley. SSLMCs will be joined by Dr Farah Jameel of the GPC Executive Team. More details will follow in the New Year.

## **PCSE Update**

The latest PCSE update bulletin is [here](#). It contains an update on Christmas and New Year arrangements, GP pension payments and forms, the new medical records movement process and GP trainees' salaries.

## **GPC Newsletter**

The most recent edition is available [here](#), covering primary care workforce matters and e-referrals.

## **Sessional GPs Update**

The Sessional GPs subcommittee has published a new [focus on document](#) for salaried GPs working under new models of care.

Their latest newsletter can be found [here](#), along with a [blog](#) about completing type 2 self-assessment forms.

## **GP Trainees Update**

The latest BMA newsletter for trainees is online [here](#).

## **LMC Buying Groups Federation**

Surrey and Sussex LMCs has been a member of the [LMC Buying Groups Federation](#) since 2008. This means that all practices within the confederation are eligible to access discounts that the Buying Group has negotiated on a wide range of products and services. These include medical consumables and equipment, dictation software and office equipment. To make an order, your practice must first sign up [here](#).

## **Survive and Thrive Event**

All GPs, including trainees are invited to attend a Survive and Thrive wellbeing event on 23<sup>rd</sup> January at the South of England Event Centre, hosted by SSLMCs and the NHS GP Health Service run by Clare Gerada. Spaces are limited, and cost £30 for the day. For information and to book a place, please visit our [website](#).

## Practice Vacancies

Vacancies added to our website since the last edition of the LMC Line are listed below. Full details of all posts, including how to apply, can be found on the SSLMCs [website](#) . If you would like a vacancy in your practice to be advertised on the website free of charge for a three month period, please send the details to [Sandra Rodbourne](#).

<p>Salaried GP or Partner - Bexhill-on-Sea, East Sussex  Salaried GP or Partner – Battle, East Sussex  Salaried GP or Partner – Eastbourne, East Sussex  Salaried GP or Partner - Polegate, East Sussex  Salaried GP or Partner - Hartfield, East Sussex  Salaried GP or Partner – Cowfold, West Sussex  Salaried GP or Partner – Billingshurst, West Sussex  Salaried GP or Partner – Lancing, West Sussex</p> <p>Salaried GP with a view – Capel, Surrey  Salaried GP with a view – Farnham, Surrey</p> <p>Salaried GP – Kew, Richmond  Salaried GP – Newham, East Sussex  Salaried GP – Littlehampton, West Sussex  Salaried GP – Worthing, West Sussex  Salaried GP – Brighton, East Sussex  Salaried GP – Uckfield, West Sussex  Salaried GP - Forest Row, East Sussex  Salaried GP – Worplesden, Surrey  Salaried GP – Haywards Heath, East Sussex  Salaried GP - Cowfold, West Sussex  Salaried GP – Redhill, Surrey  Salaried GP – Peacehaven, East Sussex  Salaried GP – Brighton  Salaried GP – Surbiton  Sal GP with a view to partnership – Godstone, Surrey</p> <p>GP Partner – Crawley, West Sussex  GP Partner – Hove, East Sussex</p> <p>Maternity Locum GP – Guildford</p>	<p>Receptionist – Thornton Heath, Croydon  Receptionist / scanner / summariser – Surbiton, Surrey  Receptionist – Crawley, West Sussex  Practice Manager – Robertsbridge, East Sussex</p> <p>Practice Nurse – Egham, Surrey  Nurse Practitioner – Lancing, West Sussex  Advanced Nurse Practitioner – Bexhill on Sea  Nurse/Paramedic Practitioner – Henfield, West Sussex  Practice / Treatment Room nurse – Hurstpierpoint, West Sussex  Practice Nurse – Crawley, West Sussex  Practice Nurse/Nurse Practitioner - Twickenham  Advanced Paramedic/Paramedic Practitioner – Brighton  Advanced Nurse Practitioner – Brighton  Advanced Paramedic Practitioner – Bexhill-on-Sea</p> <p>Workflow GP Lead Trainers/Extended Hours Service/Benfield Healthcare Hub - Brighton</p>
---	---

Surrey and Sussex LMCs issues the LMC Line bulletin which combines frequently asked questions, issues raised at the GPC and information about LMC activities. If you wish to make a brief contribution, please send it to [Dr Clare Sieber](#) at the LMC office.