

THE LMC LINE

No.133 May 2018

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The GP Contract Agreement 18/19

The LMC has [written](#) to all practices to outline the changes to the GP contract which apply to both GMS and PMS practices. The global sum will increase to £87.92. This is an interim increase pending the DDRB pay review recommendations; if a further increase is agreed, it will be backdated to 1st April 2018.

Practices will have received, as they did last year, a separate payment for indemnity to cover the average inflationary increase in indemnity costs; £1.017 per patient. This is on the condition that the funding is distributed proportionally amongst partners and salaried colleagues who fund their own indemnity subscriptions.

From 1st October 2018 it is a contractual requirement for GPs to use eRS for all first consultant outpatient appointments. This does not mean that individual GPs must use the system themselves; it is open for practices and CCGs to determine local arrangements for making and processing referrals by eRS.

Updated Premises Costs Directions have been negotiated and will be published soon. They contain some important changes to last-man standing situations which will reduce the liabilities associated therewith.

General Data Protection Regulations (GDPR)

As practices will be aware, the GDPR is coming into force on 25th May 2018 and will be incorporated into domestic law by the Data Protection Act 2018 which is still making its way through Parliament.

Practices will need to be able to show that they are working towards becoming compliant with GDPR from this date.

The key changes for practices under GDPR are:

- Practices must actively demonstrate compliance with the GPDR; thus, for example:
 - they must keep and maintain up-to-date records of the data flows from practices and the legal basis for these flows
 - have data protection policies and procedures in place such as 'fair processing notices'
- Designation of Data Protection Officers (DPOs)

- Practices will not be able to charge patients for subject access requests
- A legal requirement to report certain data breaches
- Increased financial penalties for breaches and non-compliance.

The LMC has run a series of roadshows for practices and circulated FAQs, template '[privacy notices](#)', the BMA [guidance](#) and a link to Paul Cundy's (the BMA's GPC policy lead for IT) [blog](#) for practices to use as resources. The SCWCSU has also [circulated](#) a sample GDPR implementation plan, sample privacy notices, guidance on drafting consent forms and a Data flow mapping template.

Measles

Practices will be aware of the recent measles outbreaks across Surrey and Sussex (which have sometimes been transmitted between patients by healthcare workers), and the LMC has written to all practices to clarify the following points:

- Some children and adults in Surrey and Sussex remain unimmunised or partially immunised against measles and Public Health England have asked practices to identify these patients and immunise them. The required level of immunity is two doses of the vaccine.
- The immunisation of children under 16 is funded through the usual mechanisms for childhood immunisations.
- There is a nationally funded catch-up programme for MMR immunisation for adults. If a practice vaccinates a patient aged 16 and over who was previously unvaccinated, or where vaccination status is uncertain, reimbursement should be claimed manually via CQRS.
- There is a CQC requirement that practice staff involved in direct patient care, including receptionists, are up to date with their routine immunisations, including MMR. The LMC believes it is not appropriate for practices to be providing occupational health services for their own staff, as this represents a professional conflict between the doctor-patient and the employer-employee relationship. GP practice employees can receive their occupational health services from external providers such as Heales Medical Group, but thus cost is borne to the practice except for salaried GPs, and the LMC does not recommend this service being provided 'in-house'.
- Therefore, the LMC advises practices to inform their staff who are unsure whether they have had 2 MMRs, to contact their own registered General Practitioner to find out their vaccination history and obtain the vaccination if appropriate. We ask practices to be sympathetic to this and process these requests promptly; this will be quid pro quo, as all practices in an area will be affected. If practice staff are unimmunised and are exposed to suspected measles, they may be required to take time off work which could of course impact significantly on the delivery of primary medical services.
- Practices can use supplies of the MMR vaccine from Immform to vaccinate adults and children as part of these programmes. We are not aware of any supply issues from the manufacturer.

Breast Screening Programme Failures

All practices should have received the information pack regarding the recently identified failure in the NHS Breast screening programme. This includes further background from NHS England and Public Health England and a sample letter that any patients who have been identified as having missed a screening invitation will receive. There is also a helpline number for patients; statistically each practice will have a small number of patients affected by this incident which has received widespread publicity.

There will be an independent review into the facts, chaired both by the Chair of the Macmillan Cancer Trust and of the Chair of the Royal Marsden Hospital, and this will be expected to report in six months. If you would like to feedback any concerns or issues, please email england.primarycareops@nhs.net.

OTC Medicines: Guidance for CCGs for which OTC Items should not be Routinely Prescribed in Primary Care

The above [guidance](#) written by NHS England has been circulated to CCGs who will be expected to take this guidance into account when forming local policies.

These items relate to 35 [conditions](#) which were considered to be self-limiting or a minor illness, or in the case of vitamins, minerals and probiotics, items considered to be of low clinical effectiveness. The general exceptions recognised within this guidance include: long term conditions, complex minor illness, and licence restrictions for OTC use.

The LMC expects that colleagues will be involved in discussions relating to this over the coming months and emphasises that there has been no change to the GP contract in this regard which states: “management includes: making available such treatment or further investigation as is necessary and appropriate”. GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate. The BMA’s GPC [guidance](#) on this matter supports this view.

Responsibility for Prescribing between Primary and Secondary/Tertiary care

This is newly published [guidance](#) from NHS England which clarifies some of the changes to the hospital contract relating to the interface with general practice, and strengthens the advice on shared care arrangements, where they exist, and the ability of the GP to use their discretion to when deciding to be involved in shared care.

As a result of this, the BMA has updated its [guidance](#) on gender incongruence in primary care. This states that ‘when clinical responsibility for prescribing for gender incongruent patients is transferred to general practice, it is important that the GP is confident to prescribe the necessary medicines, and that any transfers involving medicines with which GPs would not normally be familiar should not take place without a local shared care agreement’.

Spirometry in Primary Care: GPC Statement

The BMA’s GPC have released a position [statement](#) relating to spirometry confirming the following:

- The fact that spirometry appears as an item within QOF does not define it as part of General Medical Services.
- In 2016 NHS England released [training standards](#) which will make the provision of spirometry more onerous.
- In many areas spirometry is delivered through a Local Enhanced Service, and in these areas the commissioners have the right to define what training requirements are needed for the provider to fulfil the contract.
- Where practices are not specifically commissioned for spirometry but wish to do so for clinical, convenience or professional reasons, the responsibility for ensuring that staff involved in the process are appropriately trained rests with the partners, who will need to be aware of the recommendations of NHS England.
- The BMA also has guidance which confirms that there are [no mandatory requirements for performing spirometry](#).

Reimbursement for Phased Return to Work

Following the BMA’s intervention, NHS England has now confirmed that practices must be reimbursed under the Statement of Financial Entitlements (SFE) for cover for GPs on phased return for sickness. Reimbursement should include the cost of cover for all of the sessions (up to the weekly ceiling) for which the GP is still absent, to maintain the normal GP cover. NHS England local teams should now be talking with CCGs where issues have been raised to rectify any misinterpretation of the SFE, and we would encourage you to contact the LMC if you are having issues regarding this.

Medicines Supply Issues Update for Primary Care

This [document](#) has been produced by the Department of Health and Social Care and summarises new and ongoing supply issues with drugs nationally, as well as discontinued drugs. Future updates will be shared with practices via our website.

LMC (UK) Conference

This was held in Liverpool on 9th March. The [LMC Conference News](#) includes Conference resolutions passed and lost.

PCSE Update

The BMA's PCSE [webpage](#) has recently been updated and now includes a briefing which covers the background, an overview of issues and some advice/resources which may assist practices. NHS England withdrew their support to Capita and the delivery of the PCSE contract in January this year, which brought unease as to how the service will continue and whether Capita will be able to deliver.

The May update for practices is available [here](#).

GPC Newsletter

The most recent edition is available [here](#).

Sessional GPs Update

The Sessional GPs subcommittee have updated their [guidance](#) on NHS Pensions following meetings with PCSE and NHS England.

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.

In order to comply with GDPR, **all practices must [re-register](#)** with the buying group. By re-registering you can have full access to all the pricing information on the website, ensure your practice continues to receive Buying Group discounts and be amongst the first practices to be able to use their new vacancy advertising service which will be launched next month.

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, Crawley, West Sussex Salaried GP, Haywards Heath, West Sussex GP, Ashford, Middlesex GP, Worthing, West Sussex Salaried GP, Lingfield, Surrey GP, Camberley, Surrey Salaried GP, Chessington, Surrey Partner GP, Hampton Hill, TW12 GP Salaried, Surbiton, Surrey GP Salaried (6 – 8 sessions), Horley, Surrey GP Salaried (4 – 6 sessions), East Horsley, Surrey GP Salaried (part or full time), Nr. Chichester, West Sussex GP Partner, Redhill, Surrey GP Partner/Salaried x 2, Peacehaven, East Sussex GP Salaried, East Molesey, Surrey GP Salaried/Partnership, Brighton, East Sussex Salaried GP, Bognor Regis, West Sussex Salaried GP, Oxted, Surrey Salaried GP, Staines on Thames, Middlesex GP Partner/Salaried, Brighton, East Sussex GP Salaried, Handcross, East Sussex GP Partner/Salaried, Polegate, East Sussex GP Salaried, St Leonards on Sea, East Sussex GP Partner/Salaried, Rustington, West Sussex GP Salaried, Handcross, West Sussex GP Salaried, Bognor Regis, West Sussex GP Salaried, West Byfleet, Surrey GP Locum, Newick, East Sussex GP Salaried 4 – 8 sessions, Surbiton, Surrey GP Salaried 8 sessions, Guildford, Surrey GP Salaried/Partner, Goring by Sea, West Sussex GP Salaried/Partner, Eastbourne, East Sussex GP Salaried, Walton-on-Thames, Surrey GP Salaried, Brighton, East Sussex GP Salaried, Chichester, West Sussex GP Salaried/Regular Locum, Dorking, Surrey GP Partner or GP Salaried with view to Partnership, Hove, East Sussex GP Salaried, Guildford, Surrey</p>	<p>Locum GP (Maternity cover), Walton-on-Thames, Surrey Locum GP, Warlingham, Surrey</p> <p>Nurse Practitioner, Worthing, West Sussex Advanced Nurse Practitioner, Horley, Surrey Paramedic Practitioners, Crawley, West Sussex Practice Nurse, Horsham, West Sussex</p> <p>Secretary/Receptionist, Surbiton, Surrey Practice Manager, Brighton, East Sussex Practice Administrator, Burgess Hill, West Sussex Medical Receptionist (Part-time), Norwood, Croydon Practice Manager, Surbiton, Surrey Reception Manager, East Molesey, Surrey Practice Administrator Lead, Brighton, East Sussex Practice Business Manager, Brighton, East Sussex Practice Manager, Epsom, Surrey Medical Receptionist, Surbiton, Surrey Practice Manager, Brighton, East Sussex</p>
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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.