

Worcestershire and Herefordshire Local Medical Committees Ltd NEWSLETTER

SEPTEMBER 2018

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**CLINICAL PHARMACISTS IN GENERAL PRACTICE:
PILOT SCHEME EVALUATION**

The University of Nottingham published its report of the evaluation of the clinical pharmacists scheme wave 1 pilot. The evaluation found that the role of clinical pharmacist has had a wide ranging impact on the work in General Practice, most notably on contributing to improved capacity and changes in workload, and in medicines optimisation and safety.

The report can be accessed on the LMC Website, see this section below.

REQUEST FOR CASE STUDIES

Health Education England is asking for case studies to raise awareness of the benefits of a career in primary care. As the next round of recruitment for GP training applications will open 7 – 29th November 2018, HEE are keen to feature some accounts from GPs and GP trainees who are willing to help us describe how they feel about treating their patients and what they have achieved or the outcome /benefit was.

As doctors spend a majority of their training and working life in hospitals, the aim is to better show what can be achieved by working in primary care:

- the skill of the primary care clinician in triaging, determining a diagnosis or treatment with multiple undifferentiated presentations
- challenge and stimulation of using the range of your medical training, dealing with conditions not limited to one body part or system
- ability to influence, educate and help prevent illness
- satisfaction of a good outcome for the patient

Further details are attached and if you would like to volunteer, please email GP Recruitment gprecruitment@hee.nhs.uk

2018 GP PATIENT SURVEY RESULTS

The 2018 GP patient survey results have been published this week. The key findings were:

- confidence and trust in GPs and healthcare professionals remains extremely high at 95.6%
- 93.5% of patients felt involved in decisions about their care and treatment
- 94.8% felt the healthcare professional met their needs.
- 83.8% described their overall experience of their GP practice as very or fairly good.
- The majority of patients (68.6%) rated overall experience of making an appointment as good
- Overall 61.6% of patients got an appointment at a time they wanted or sooner and 66.1% of patients who wanted a same day appointment got one

The report can be accessed on the LMC Website, see this section below.

DATA SHARING AGREEMENTS AND GDPR

Following the GDPR Training session held at the Charles Hastings Center by Shannee Baker from LMC Law, it became apparent that practices may be at risk of data protection breaches for Extended Access work. This was because other areas had identified that their Data Sharing Agreement had not been updated in line with the new GDPR rules. The LMC followed this up with the CCG and we are pleased to be able to report that they have confirmed that the data sharing agreement was reviewed and found to be compliant and a DPIA undertaken to the satisfaction of all concerned.

GDPR AND SARS

The introduction of GDPR, and the removal of the ability to charge to cover the costs of responding to subject access requests, is having a significant impact on practices. We are also hearing from many areas of the country that SARs have increased significantly since these changes were made in May. This clearly has had financial and resource implications on GP practices.

In order to accurately quantify the full scale of this problem, GPC are surveying all practices across the UK to collect information on this issue. They would be grateful if as many practices as possible could complete the survey as soon as possible.

Please click [here](#) to access the survey (only 1 response per practice).

The BMA have also produced very useful guidance on GDPR and SARs. Below are the three main questions we are asked by practices but we would commend the web page to all practices (link below).

Can we charge solicitors a fee for SARs?

Under GDPR, SARS are generally free of charge. Only if the SAR is considered to be 'manifestly unfounded' or 'excessive' can a 'reasonable' fee be charged.

The circumstances when a fee can be charged are likely to be rare and should be assessed on a case by case basis.

The ICO has advised that a request could be deemed as 'excessive' if an individual was to receive information via a subject access request (SAR), and then request a copy of the same information within a short period of time. In this scenario, the organisation could charge a reasonable fee, or refuse the request.

How do I know the difference between a SAR and a request under the Access to Medical Reports Act?

The GDPR entitles individuals to obtain a copy of their personal data. If the

request from the solicitor is for a copy of the patient's medical record, or a copy of some elements of the medical record, it is a SAR.

If the request is asking for a report to be written or it is asking for an interpretation of information within the record this request goes beyond a SAR. It is likely that such requests will fall under the Access to Medical Reports Act framework (or, in Northern Ireland, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991) - for which fees can be charged.

It is legitimate for GPs to clarify the nature of the request from the solicitor. If the solicitor confirms that they are seeking a copy of the medical record then this should be treated as a SAR and complied with in the usual way.

Can GPs charge for the cost of postage?

No, the process of complying with a SAR – including postage costs - is free of charge unless the request is 'manifestly unfounded or excessive' in which case a reasonable fee can be charged.

DATA PROTECTION OFFICERS IN GP PRACTICES

The BMA has published guidance on the requirement for Data Protection Officers in GP practices under GDPR. In particular, members should note details of the recently published Addendum to the GP IT Operating Model, Securing Excellence in GP IT Services. The guidance is available on the GDPR page, in the FAQs about the role of the DPO section.

BLUE BADGE SCHEME

The LMC has recently been in contact with the Blue Badge Scheme for Worcestershire to gain some clarity on what is being requested in terms of medical evidence from applicants. They have provided some background information below regarding Blue Badge Applications that they deal with.

On an average month Worcestershire assess around 1000 Applications a month. There are 2 types of Application:

Automatic – Where someone automatically qualifies for a Blue Badge and is in receipt of Higher Rate Disability Living Allowance or Personal Independent Payments for examples.

Discretionary – This is where an Applicant needs to provide as much detail and information/evidence which relates to their mobility and why they require

a Blue Badge. At the first instance we ask the Applicant to provide details of their mobility (how far they can walk etc), what medication they are on, any letters from Hospital, Consultants or Support Agencies. In the majority of cases this is enough for us to assess the Application on. However there are cases whereby the Applicant cannot provide this information so we then advise that they can if they wish request a copy of their medical records which they are allowed to by law. We never ask the Applicant to request a letter from their GP as there is usually a charge with this and there is still no guarantee that a GP letter (depending on what information is included in the letter) will be enough to award a Blue Badge on.

MENTAL HEALTH THERAPISTS IN GP PRACTICES COULD BE THE NORM

Health chiefs have drawn up new guidance to encourage doctors to place mental health therapists in practice surgeries – bringing more mental and physical health services under one roof.

These new therapists will be integrated into primary care teams and focus on common mental health disorders such as anxiety and depression, particularly where this occurs in patients with a long term physical health condition such as diabetes, respiratory or heart problems.

Evidence suggests nine out of 10 adults with mental health problems are supported in primary care and broadening the range of services for patients, means local health services are better equipped to deal with patients' physical and mental health needs. Please see a link below to the guidance on the LMC website.

GP PAY INCREASE

The [Mail](#) and the iPaper report on the latest NHS figures which shows that show the average salary for all GPs in 2016-17 was £92,500, up from £90,100 in 2015-16 and partner GPs salaries rose from £106,000 to £111,500 in the same period.

Commenting on the pay increase, BMA GP committee chair, Dr Richard Vautrey, said:

“After a decade during which GP pay fell by 20 per cent, something that has had a real impact on GP recruitment, retention and morale, at long last GPs may be seeing an end to repeated pay cuts.

“However, these figures need to be treated with caution as while earnings may have risen, over the same time frame we have seen the workforce crisis

deepen, with the number of full-time equivalent GPs in England falling by more than 2 per cent, and partners by more than 4 per cent.

“GPs are therefore spreading themselves more thinly. With partners unable to hire more doctors, they themselves are taking on additional work, are forced to work longer hours and are placing further pressure on themselves to deliver care to patients amid mounting demand.

GP RETENTION SCHEME

As of June 2018, around 295 GPs across England had joined the [GP Retention scheme](#) giving them the flexible working options they need to enable them to remain in practice. This scheme could be helpful for a range of GPs, including those who need time to care for family members, those wanting to reduce their hours as they approach retirement or GPs who want to receive educational and development support after a period of absence. In these cases it is worth seriously considering joining this scheme. You can watch this [video](#) interview with two GPs explaining how the scheme has helped them to continue practising.

GP PRACTICES COULD MISS OUT ON FLU VACCINE PAYMENTS FOR OVER-65s

Patients risk being turned away from practices due to the phased delivery of flu vaccines for under-65s this winter, according to [Pulse](#). The adjuvanted trivalent vaccine (aTIV), which is licensed for people aged 65 years and over, will be delivered to practices and pharmacies in three batches, with 40 per cent delivered in September, 20 per cent in October, and 40 per cent in November. NHS England guidance tells practices to write to patients and send phased invitations to coincide with these deliveries. However, the guidance says patients can also approach their local pharmacy if their practice is running low, meaning GPs could miss out on vaccine payments. BMA GP committee chair Dr Richard Vautrey said: “The forthcoming flu campaign is going to be difficult for practices and patients because of the phased delivery of vaccine which is related to the limited availability of the aTIV.

“It is though vitally important that patients are given the best vaccine that offers the most effective protection, and it would be better to wait for that rather than giving patients vaccinations that provide much less protection. Public health bodies will have an important role in getting this message across to patients this year.”

NO DEAL BREXIT

The government has released a series of technical papers setting out their preparations for a no-deal Brexit, which included plans to stockpile medicines and instructions to drug companies to put in place arrangements to fly in supplies with short shelf lives should there be disruption at the border. One of these is a 'guidance' letter to NHS organisations and GPs, which can be read [here](#).

Hospitals, GPs and community pharmacies throughout the UK do not need to take any steps to stockpile additional medicines, beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions. Local stockpiling is not necessary and any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly. Clinicians should advise patients that the Government has plans in place to ensure a continued supply of medicines to patients from the moment we leave the EU. Patients will not need to and should not seek to store additional medicines at home.

NEW OMBUDSMAN'S CLINICAL STANDARD

The Parliamentary and Health Service Ombudsman (PHSO) has introduced a new Ombudsman's Clinical Standard. For complaints about NHS clinical care and treatment in England, including those made directly to GP practices, PHSO aims to establish what would have been good clinical care and treatment in the situation complained about and whether what actually happened fell short of that.

PHSO states that the new Clinical Standard gives greater clarity to how the appropriateness of care and treatment is considered. Clinicians and health organisations can inform the PHSO which professional guidance or standards they based their practice on, and the PHSO will consider the explanations of those complained about and balance them against the relevant standards or guidance. The intention is that this will offer a clearer opportunity to explain how the decisions about care and treatment were reached. We are seeking a meeting with the PHSO to discuss this with them.

A copy of the Clinical Standard is available on the PHSO [website](#). If you have any questions or comments, please email PublicAffairs@ombudsman.org.uk. BMA guidance on complaints is available [here](#).

UK GP TRENDS DATA

NHS Digital has published a report with the key figures on country level workforce trends, practice numbers and list sizes and population projections

in the UK and a breakdown of contract types in England. It shows that there are now 9085 practices in the UK, 191 less than 2016, with 7527 practices in England, a fall of 166 from 2016. The report also notes that 54-55% of GPs in England, Northern Ireland and Wales are female but in Scotland this is almost 60%.

The report can be accessed on the LMC Website, see this section below.

PATIENT IDENTIFIABLE DATA

The LMC are always very keen to hear from practices with any issues that you wish us to escalate or provide our view on. However, please bear in mind that we are not an NHS body and, as such, we should not have sight of any patient identifiable data. Please, therefore, can we ask that if you wish to send us any specific cases that these are redacted before you forward them. This enables us to escalate issues appropriately and/or gain views from other LMCs or nationally from the BMA.

HEREFORDSHIRE UPDATE

Herefordshire Council has announced a new set of fees for foster carer medicals. This work remains outside the GMS contract and is part of so called "collaborative arrangements". It is hoped the new fee structure now adjusted for inflation will allow practices to continue to participate in this work.

LMC WEBSITE

The following guidance has been added to the LMC website www.worcslmc.co.uk during the last month:

BMA/GPC:

[GPC Sessional GP Newsletter](#)

[GDPR Guidance](#)

[GP earnings and expenses report 2016/17: summary of key findings](#)

NHSE:

[Guidance on co-locating mental health therapists in primary care](#)

[Patient information shortage of diamorphine for NHS patients](#)

[GPs Patient Survey 2018](#)

NICE:

[Chronic kidney disease in adults: assessment and management](#)

NHS DIGITAL:

[General Practice Trends in the UK to 2017](#)

CQC:

[CQC Mythbuster](#)

Other:

[Clinical Pharmacists in General Practice: Pilot Scheme Evaluation](#)

[CKD EPI Communication to Patients from WAHT](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

Registered office: **St Stephens Surgery, Adelaide Street, Redditch, Worcs B97 4AL**
Tel. **01527 65082**

MEMBERS OF THE WORCESTERSHIRE COMMITTEE

CHAIRMAN: Dr Shaun Pike
Elgar House Surgery, Church Road, Redditch, Worcs. B97 4AB
Tel: 01527 69261 Email: spike@worcslmc.co.uk

VICE-CHAIRMAN: Dr David Herold
Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP
Tel: 01386 444400 Email: d.herold@nhs.net

SECRETARY: Dr Gillian Farmer
St Stephens Surgery, (address and contact details as above)
Email: gfarmer@worcslmc.co.uk

ASSISTANT SECRETARY: Dr Simon Parkinson
St Stephens Surgery, (address and contact details as above)
Email: sparkinson@worcslmc.co.uk

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

BROMSGROVE: Dr D Pryke
Dr K Hollier

REDDITCH: Dr S Parkinson
Dr S Pike

WYRE FOREST: Dr M Davis
Dr S Morton
Dr J Rayner

WYCHAVON: Dr D Herold
Dr J Rankin
Dr R Kinsman

MALVERN: Dr P Bunyan
Dr B Fisher

WORCESTER: Dr J O'Driscoll
Dr C Whyte
Dr R Dhuck

Non-Principals: Dr H Ray
Out of Hours: Dr E Penny
Dispensing: Dr J Rankin
Registrars Rep: Dr E Shantsila (North)
Dr J Seewoodhary (South)

Practice Manager Representatives:
Helen Garfield, Representative WF PM
Lisa Luke, Representative R&B PM
Amy Louvaine, Representative SW PM

First5 Rep: Dr M Venables
Co-opted Reps: Dr I Haines, Dr F Martin, Dr G Moore
Salaried Reps: Redditch and Bromsgrove – Vacant
South Worcestershire – Dr L Stepien
Wyre Forest – Dr R Fanous

MEMBERS OF THE HEREFORDSHIRE COMMITTEE

CHAIRMAN: Dr Nigel Fraser
Wargrave House Surgery, 23 St Owen Street, Hereford, HR1 2JB
Tel: (01432) 272285 Email: nigel.fraser@nhs.net

SECRETARY: Dr Richard Dales
Mortimer Medical Practice, Croase Orchard Surgery,
Kingsland, Leominster HR6 9QL
Tel. 01568 708214 Email: herefordlmc@btinternet.com

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

All 24 practices are represented at Committee Meetings

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 13th September 2018
Herefordshire – 10th October 2018