

Newsletter

June 2019

Sheffield
LMC



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PRIMARY CARE NETWORK (PCN): UPDATES

Guidance Notes

The GPDF commissioned a series of guidance notes for PCNs covering the following topics:

- Structuring Your Primary Care Network
- Employment & Pensions
- Contracts, Sub-Contracts & Service Delivery
- Clinical Director
- Completing the Mandatory Network Agreement with its Schedules
- Governance, Accountability, Liabilities & Internal Arrangements
- VAT & Funding Implications

The guidance notes can be accessed via: <http://www.sheffield-lmc.org.uk/page1.aspx?p=24&t=1>

Clinical Directors Conference

The General Practitioners Committee (GPC) held their first PCN Clinical Directors conference last week. GPC England Executive Team member Krishna Kasaraneni chaired the event, which covered topics such as the Quality and Outcomes Framework (QOF), strategic and clinical leadership and working with LMCs / Clinical Commissioning Groups (CCGs) / Integrated Care Systems (ICSs). The webcast can be viewed at: <https://bma.streameventlive.com/archive/169>

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REDEVELOPMENT OF ADULT COMMUNITY MENTAL HEALTH SERVICES

Michelle Fearon, Service Director of Operations & Transformations and Mike Hunter Medical Director, Sheffield Health & Social Care NHS Foundation Trust attended a meeting of the full LMC on Monday 13 May 2019, to give an update on the redevelopment of adult community mental health services. An invitation was emailed to all represented Sheffield GPs and 12 GPs attended as observers. At the June LMC meeting it was agreed that the relevant extract from the minutes should be made available to all represented Sheffield GPs:

<https://www.sheffield-lmc.org.uk/website/IGP217/files/Adult%20Community%20Mental%20Health%20Services%20May19.pdf>

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**CAPITA:
DELAY IN RECORDS TRANSFER**

As you will be aware, Capita has mistakenly archived 160,000 patient records and practices are now starting to receive communications from Capita suggesting action that should be taken.

The General Practitioners Committee (GPC) is in discussions with NHS England (NHSE) regarding this and until an urgent resolution has been reached with them is advising the following:

Practices would be advised to, as is contractually and professionally required, undertake the work of processing patient information received to the extent they are able with the resources they have, but should also inform their Clinical Commissioning Group (CCG) and NHSE locally that they do not have sufficient resources to undertake the work quickly enough to mitigate against the risk of adverse consequences. They should request help from the CCG / NHSE locally whilst we continue our discussions with NHSE nationally to help reduce the risk to patient safety as they have responsibility for the delay in record transfer.

The GPC's statement on this issue can be accessed via:

https://www.bma.org.uk/news/media-centre/press-releases/2019/may/blunder-that-saw-160000-patient-records-wrongly-archived-is-latest-unacceptable-failing-from-capita?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=10568769_NEW12A1%20GP%20NEWSLETTER%20230519%20EXCL%20NI&utm_content=PCSE%20blunder&dm_t=0,0,0,0

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**EMIS MOVE TO
AMAZON WEB SERVICES (AWS)**

EMIS has sent a communication to practices which the General Practitioners Committee (GPC) believe is potentially misleading. In relation to the plan to move NHS records to AWS (Amazon Web Services), which the GPC supports, their communication states that practices "may wish to inform your patients". This is incorrect. It is a requirement under General Data Protection Regulations (GDPR) to be 'transparent'. Practices must inform their patients of significant changes to the way their data is processed, and failure to do so will almost certainly be a breach of GDPR.

British Medical Association (BMA) guidance on GPs' responsibilities under GDPR states 'Practices must ensure they continue to provide updated information to patients about new data sharing arrangements'. This involves updating practice privacy notices (PPNs) and where practices have the ability to provide electronic alerts to patients relatively easily then these methods should be used. In practical terms this means that where mobile numbers or email addresses are held the practice should use these to make patients aware that new arrangements for data sharing exist and invite them to read the updated PPN. This is set out in the BMA guidance *GPs as Data Controllers* (see bottom page 6, from 'Ensuring ongoing transparency – keeping patients updated' to the top of page 8): <http://www.sheffield-lmc.org.uk/website/IGP217/files/GPs-data-controllers-under-GDPR-mar2018.pdf>

The communication also states "and/or undertake a Data Protection Impact Assessment (DPIA)", which is also incorrect. A DPIA is not an optional alternative to informing patients, it is a mandatory standalone requirement under GDPR that must be carried out prior to any significant or new processing arrangement. Any practice that does not have a DPIA is in breach. However, EMIS has provided a link to a template DPIA that practices can use. It is acceptable under GDPR to "borrow" or share DPIAs where the changes apply equally to many parties.

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MENACWY AND EMIS FLAGS

In August 2015 a meningococcal vaccine programme was introduced for teenagers and young people in response to a rapid increase in meningococcal meningitis and septicaemia due to serogroup W (MenW). The programme involved offering MenACWY vaccination through general practice to teenagers leaving school in the summers of 2015, 2016 and 2017, including sending invitations to those teenagers in the relevant cohort. Younger teenagers were vaccinated through school over the same period. Following the programme those who were eligible can be opportunistically vaccinated up to the age of 25 years, under the GP contract.

Following the tragic death of Tim Mason from group W meningococcal disease in March 2018, the coroner sent a letter to NHS England about the missed opportunities for Tim to have been vaccinated. It was discovered that the default setting for the flag in EMIS that could have prompted the GP practice to offer Tim his missing dose was off. From April 2019 the default setting for the EMIS flag was set to be on. Practices using EMIS will notice the flag appear for any young adult born after 1 September 1996 who is not recorded as having received the vaccine. Practices should offer the missing dose and can claim reimbursement for administration using CQRS.

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PROVIDING FLU VACCINATIONS FOR STAFF

The Specialist Pharmacy Service has published a factsheet and written instruction template for registered nurses to administer seasonal influenza vaccine as part of an occupational health scheme. The documents can be accessed via:

<https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/>

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BIOSIMILAR MEDICINES

NHS England has updated their guide *What is a Biosimilar Medicine?* which looks at the role of biosimilar medicines in the NHS and aims to support the safe, effective and consistent use of all biological medicines, including biosimilar medicines, to the benefit of patients: <https://www.england.nhs.uk/wp-content/uploads/2019/05/what-is-a-biosimilar-medicine-guide-v2.pdf>

The General Practitioners Committee (GPC) has specifically drawn attention to paragraphs 4.3, 4.4 and 4.5, which refer to the need to prescribe by brand and the mechanism by which switches for reasons of price can be made. GPs should note that these should only be done by the responsible prescriber in consultation with the patient. Where these drugs are prescribed in general practice as part of shared care arrangements the GPC would regard the responsible prescriber as being the initiator of the treatment and not the doctor providing ongoing prescriptions.

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FALSIFIED MEDICINES DIRECTIVE (FMD)

Further to the articles in the January and February LMC newsletters, NHS England has sent out an update with the start dates for distribution of vaccines in FMD-compliant packs. GPs should note that they are not within Article 23 and will not be supplied with decommissioned medicine. However, GPs will still be able to use vaccines even if they cannot decommission the packs. In the meantime, the BMA's guidance to practices remains the same and can be accessed via:

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/falsified-medicines-directive>.

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COMMUNITY PHARMACY GUIDANCE

The General Practitioners Committee (GPC) has updated their joint guidance with the Pharmaceutical Services Negotiating Committee which is aimed at GPs and practice staff and gives more in-depth information about running a community pharmacy, the NHS Community Pharmacy Contractual Framework, funding and FAQs. The guidance can be accessed via:

[https://www.sheffield-lmc.org.uk/website/IGP217/files/The%20Community%20Pharmacy%20a%20guide%20May%202019%20\(1\).pdf](https://www.sheffield-lmc.org.uk/website/IGP217/files/The%20Community%20Pharmacy%20a%20guide%20May%202019%20(1).pdf)

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ANNUALISATION

From 1 April 2019 any break in pensionable service, for any type of GP, will be required to be taken into account when calculating annualised income in order to arrive at the correct pension tier. Updated General Practitioners Committee (GPC) guidance can be accessed via:

https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/sessional-gps-subcommittee/sessional-gps-pension-guidance?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=10574344_NEW16A1%20SESSIONALS%20NEWSLETTER%20230519%20EXCL%20NI&utm_content=Annualisation%20guide&dm_t=0,0,0,0#Annualisation

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PENSION TAXATION RESEARCH

NHS Employers has commissioned First Actuarial to carry out some research into the impact of pension taxation on NHS staff and employing organisations. The objective of their research is to provide a strong evidence base to influence changes to the NHS Pension Scheme, including the potential for scheme flexibilities to allow members of the NHS Pension Scheme to control the value of pension they earn within the allowances.

The research would involve First Actuarial conducting face to face interviews, telephone interviews or online surveys with staff earning over £60,000. If you are interested in taking part in the research please contact Sean Docherty at sean.docherty@firstactuarial.co.uk

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UK BIOBANK COMMUNICATIONS

Further to the article in the January LMC newsletter, the General Practitioners Committee (GPC) recently issued an update on the concerns raised by UK Biobank requesting the sharing of patient records. The GPC has been working with Biobank to ensure that any data sharing process is GDPR and DPA2018 compliant. Confirmation has been received that all patients in the Biobank project had been properly and explicitly consented prior to GDPR. In addition, Biobank has prepared a comprehensive Data Privacy Impact Assessment (DPIA) template that practices can use whole or as a source for their own bespoke versions. Depending on what a GP practice's Privacy Notice states, it may be necessary to update it and add the Biobank extraction to the Data Processing Register. Given the numbers involved and the pre-existing explicit consent there is no need for any mass communication. Biobank will be writing to a few practices with agreed documentation as a trial and, providing there are no problems, they will then write to all practices that have patients enrolled in the project.

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ROYAL COLLEGE OF GENERAL PRACTITIONERS (RCGP) VISION FOR GENERAL PRACTICE

The RCGP has published *Fit for the Future – A Vision for General Practice* which is their outline of what general practice should look like by 2030: <https://drive.google.com/file/d/1rpWIkRfJcJFW9WnffdYz1PWNsmAm8FJ/view>

The main headings are:

- General practice in 2030;
- A revitalised profession;
- An expanded team;
- The bedrock of a sustainable NHS;
- What patients want from general practice;
- Rethinking medicine and person-centred care;
- The digitally-enabled practice;
- Enablers.

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SESSIONAL GPs E-NEWSLETTERS: MAY / JUNE 2019

Sessional GPs e-newsletters published since the last LMC newsletter can be found on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-69ST3-1BJCJOU46E/cr.aspx> <https://bma-mail.org.uk/t/JVX-6AN7S-1BJCJOU46E/cr.aspx>

The main articles include:

- PCNs: Opportunities for sessional GPs
- Goodbye from your subcommittee chair
- How will annualisation affect you?
- PCN guidance for sessional GPs
- First sustained drop in GP numbers in 50 years
- The lamentable state of NHS IT

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SHEFFIELD BALINT GROUP

Article submitted by Steve Delaney, Counsellor, Psychotherapist & Group Analyst

This multidisciplinary group has been running for two years and its membership includes GPs, Clinical Psychologists & Counsellors. GPs have particularly appreciated a space to think about their relationship with complex patients in a supportive environment. The group recommences in September and meets once a month on Monday evenings at a cost of £275. For further information about the group, click on <https://www.stevedelaney.co.uk/balint/>

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Please forward any articles for inclusion in the LMC newsletter to
manager@sheffieldlmc.org.uk

Submission deadlines can be found at
<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202019.pdf>

Contact details for Sheffield LMC can be found at:
Executive Officers: <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=1>
Secretariat: <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=2>