

CLMC Bulletin 350 – 13.03.18

GDPR – GPC Guidance

GPC have produced important [General Data Protection Regulation guidance](#) for GP practices in their role as data controllers to help them meet their responsibilities under the new legislation. Apologies that it has taken so long to get guidance on this topic but it is a very complex area and the actual Act is still making its way through Parliament so has not definitively been agreed! The General Data Protection Regulation comes into force on 25 May 2018 and CLMC are organising some events in April to help practices learn more and prepare. We will release these dates very soon but we are trying to get the timing right to ensure that practices have sufficient time to respond but that the information we share is the final information as passed in the Act and not subject to change.

Blue Badge Requests

We have received a number of questions from practices where they have been requested to provide supporting information for blue badge applications. As you will be aware, this responsibility was removed from GPs a number of years ago and conducted by LAs independently. It appears that some LAs are now requesting this information from practices due to a lack of resource in their internal structures. LAs are recognising the need to fund this service but are dictating the fee to practices. We would like to remind practices this is beyond NHS service and, as such, is conducted under a collaborative arrangement. It is for the practice to agree the fee with the LA rather than the LA dictating a fee; the fee should be commensurate with workload, request and capacity. If a practice does not feel able to respond (not least due to capacity pressures) or provide the information they are able to decline and advise the LA they need to seek this eligibility assessment elsewhere.

Sexual Health – Redcar Clinic Move

The new sexual health clinic at Redcar Community Heart opened Monday 12/03/2018 The new address is:

Sexual Health Teesside Redcar & Cleveland Leisure & Community Heart
Ridley Street
Redcar TS10 1TD

Contact number is still 0300 330 11 22 and online booking and information is still at www.thesexualhealthhub.co.uk

If you have any questions or queries please contact sexualhealth.teesside@nhs.net

Responsibilities for Prescribing Between Primary and secondary Care

The important revised guidance on [Responsibility for prescribing between primary and secondary/tertiary care](#) has been published on the [NHS England's Primary and secondary care interface resource page](#).

Please take the time to read this carefully as its implementation will help with many of the problems that you have experienced in recent years around prescribing requests. Patients will also benefit by no longer being caught in the middle with regard to obtaining the drugs that they need. This has not been an easy area of work to navigate and sincere thanks go to the whole team across the GPC and wider who have persevered to produce this guidance.

A few key quotes to give you a flavour of the document are:

- *... when decisions are made to transfer clinical and prescribing responsibility for a patient between care settings, it is of the utmost importance that the GP feels clinically competent to prescribe the necessary medicines. It is therefore essential that a transfer involving medicines with which GPs would not normally be familiar should not take place without full local agreement...*
- *If the GP considers him or herself unable to take on this responsibility, then this should be discussed between the relevant parties so that additional information or support can be made available, or alternative arrangements made.*

- *GPs would only be obliged to provide treatment consistent with current contract requirements.*
- *The use of the Electronic Prescription Service by hospitals should be encouraged to allow the efficient provision of prescriptions from secondary care where this is required.*
- *Commissioners have a role in ensuring that they commission services which cover the prescribing needs of their population and make the best use of available resources; particularly in the case of medicines suitable for shared care. In doing so, commissioners should identify, and take into account, operational and resource requirements of all hospitals and general practice so that patient care remains safe and effective.*
- *Legal responsibility for prescribing lies with the doctor or health professional who signs the prescription and it is the responsibility of the individual prescriber to prescribe within their own level of competence*
- *When a specialist considers a patient's condition to be stable or predictable, they may seek the agreement of the GP concerned (and the patient) to share their care.*
- *the provision of shared care prescribing guidelines does not necessarily mean that the GP has to agree to and accept clinical and legal responsibility for prescribing; they should only do so if they feel clinically confident in managing that condition.*
- *Referral to the GP should only take place once the GP has agreed to this in each individual case, and the hospital or specialist will continue to provide prescriptions until a successful transfer of responsibilities. The GP should confirm the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised. The secondary/tertiary provider must supply an adequate amount of the medication to cover the transition period.*
- *patients should never be used as a conduit for informing the GP that prescribing is to be transferred.*
- *People who are being treated on the advice of the secondary care team, but are no longer being seen in that setting, may still need review should problems arise. The appropriate level of care and/or advice should be available from the secondary care team in a timely manner without necessarily requiring a new referral.*
- *If ongoing monitoring and prescribing are part of the shared care agreement, then the resources and capacity to ensure consistent delivery need to be determined before any shared care prescribing is implemented.*

Primary Care Support England (PCSE)

GPC have published the first in a series of practical resources that aims to tackle problems caused by the continued failings in the service delivery of Primary Care Support England (PCSE). [Primary Care Support England guidance](#) assists practices, LMCs and GPs in making a legal written request for undisputed debts to be paid within 21 days, with an amendable covering letter and legal templates. This follows two years of engagement with NHS England to resolve widespread, outstanding issues affecting practitioners. The PCSE function that is delivered by Capita is responsible for processing NHS England's payments to general practice for the services they have provided, but current procedures - particularly to reimburse money owed - have proved to be both burdensome and frustrating.

International Models of General Practice

The GPC report on [International models of general practice](#) looks at how general practice is organised and funded in different countries. General practice forms the cornerstone of the NHS in the

UK. It plays a vital role as the frontline of the majority of NHS care, and remains highly valued by patients. However, it is also under huge pressure and needs urgent support. Therefore, this report looks at what the UK can learn from health systems across the world, focusing specifically on the funding, structure and role of general practice in seven countries: Australia, Canada, France, Germany, the Republic of Ireland, the Netherlands, New Zealand and Sweden. The report concludes that whilst there are interesting differences in the way general practice is organised, the level of funding and workforce resources are likely to be the most important factors impacting on services.

BMA Workload Control Strategy

The BMA have launched a [strategy](#) to enable general practice to improve quality and safety, and to address the recruitment and retention crisis, by agreeing and publicising reasonable safe workload limits, and by providing practices with practical tools with which to achieve workload control.

GPC Newsletter

Read the latest [GPC newsletter](#).

GPC GP Trainee Newsletter

Read the latest [GPC GP Trainee newsletter](#)