

## **CLMC Bulletin 392 – 09.07.19**

### **Indemnity and Travel Vaccinations**

The Department of Health and Social Care (DHSC) and NHS Resolution (NHSR) have confirmed a [change in cover](#) provided by CNSGP, with the supply and administration of paid for travel vaccinations no longer included. Previously the published scope of CNSGP included the supply and administration vaccinations where patients are directly charged. DHSC and NHS England have stated that this information was not correct and have apologised for this error.

DHSC and NHSE have committed to ensure that any general practice staff who were administering travel vaccinations and immunisations (where patients were charged a fee) and who understood themselves to be covered under the CNSGP for such activities, are not financially at a disadvantage as a result of any claim, or potential claim, against them as a consequence of relying on the incorrect information. In order to mitigate any risk to the health of patients, NHSR will provide assistance in relation to any claim for clinical negligence for the supply and administration of privately funded travel vaccinations for the period between 1 April and 31 July 2019.

General practice staff should contact NHSR to access support for such claims. Claims relating to the supply and administration of any travel vaccinations or immunisations (where the patient is required to pay) provided outside of this period should be reported to your medical defence organisation or indemnity provider.

Commenting on the change of scope, Mark Sanford-Wood, GPC England deputy chair, said “We are concerned that this decision has been made so early in the evolution of the new GP indemnity scheme. It will have clear implications for practices, who may face little choice but to decide to stop providing non-NHS funded travel vaccinations as a result. We have raised this concern with DHSC and highlighted the potential public health risk that may result. It was very unhelpful that this change was announced on the NHS Resolution website without consultation or the profession being notified, and this has been fed back very clearly to DHSC and NHS Resolution. We welcome the decision to confirm that all travel vaccinations will be covered under CNSGP until the end of July, and would urge practices to consider carefully the services they deliver after that date and ensure all of their staff are fully indemnified for all services which they continue to provide.” Read the MDU statement [here](#) .

We remind practices of the importance of ensuring they have adequate personal indemnity cover for their clinicians to ‘top up’ the national scheme. Paid for travel vaccinations are just one item for which the indemnity scheme does not provide cover; many reports and other vaccinations (including flu vaccinations of staff who are not covered under the national vaccination scheme) plus adequate ‘run on’ cover also require additional personal indemnity as we have previously advised.

### **Infected Blood Inquiry Leaflets**

Public Health England have published leaflets for GPs and patients to help answer questions about the Infected Blood Inquiry (IBI), which is examining the circumstances in which patients treated by the NHS in the 1970s and 1980s may have received blood and/or blood products infected by HIV or Hepatitis C. There is no responsibility for GPs apart from authorising a blood test for people who are concerned they may be at risk, and onward referral if necessary. The records regarding who has had blood transfusions will be scanty so in general, if the patient is concerned then test. Access the leaflets [here](#).

## **GP Practices & CCG Responsibilities for Data Protection Officers (DPOs)**

We include this as a reminder of a national message/confirmation BUT please be aware that our CCGs have provided DPO support for all practices since GDPR came into being and we have not heard of any plans to discontinue this cover. We thank them for their support from the outset and where other areas of the country have lagged behind.

Since April 2018, CCGs have been required to provide IG advice and DPO support to practices. The [new GP contract](#) announced that this mandatory requirement would be extended. In 2019, CCGs are required to offer a Data Protection Officer (DPO) function to practices in addition to their existing DPO support services. This DPO function can be provided by the CCG direct or through its commissioning support service. Funding has been made available in CCGs' baseline to support this requirement. The new Primary Care (GP) Digital Services Operating Model, due to be published in July, includes detail about CCGs' responsibilities. The requirements are as follows:

### **Mandatory Requirements for CCGs**

#### 1. IG advice and Data Protection Officer (DPO) Support:

Provision of advice, guidance and support on IG related issues including existing operational processes and procedures or new business initiatives to support practice designated Data Protection Officers including existing operational processes and procedures or new business initiatives. This includes:

- Access for practices during normal service hours to specialist qualified advice on GDPR matters;
- Advice on compliance with GDPR obligations;
- Advice reflecting national guidance on GDPR compliance as it is published;
- A review at least annually to identify and improve processes which have caused breaches or near misses, or which force practice staff to use workarounds which compromise data security. This may for example be a facilitated workshop at CCG level which would encourage shared learning;
- Advice to support practices develop and maintain best practice processes that comply with national guidance on citizen identity verification;
- Advice to support practices achieve mandatory compliance with the [National Data Opt-Out](#) policy by March 2020.

#### 2. DPO Function (New requirement from April 2019):

- As data controllers and "public authorities" general practices are legally required to designate a DPO.
- CCGs are now required to provide a named DPO for practices to designate as their Data Protection Officer. The named DPO could be shared between practices.
- Practices may choose to make their own DPO arrangements. CCGs are not expected to fund alternative arrangements, if a DPO service has already been offered by the CCG. However a CCG may at its discretion offer to fund these alternative arrangements.

### **GP Pressures**

Following on from the [BMA's recent analysis of the pressures on the NHS](#) in England, GPC are now able to present more detailed figures specifically relating to GP pressures on a monthly basis. The key figures for May-June are (based on [NHS Digital data](#)):

- The total number of appointments at GP surgeries in England was 25,340,000 in May 2019
- The total number of patients rose by 728,000 from last May to 59,810,000, which leaves each fully qualified GP responsible for an average of 2084 patients. An extra 57 patients each compared to last May
- 18.3% of appointments recorded involved a wait of over 2 weeks, up from 16.9% last May
- Appointments involving a wait of over 28 days were up 27% on last May to 1,270,000

With patient numbers rising, GPs are looking after more and more patients. As a result, some patients are being left waiting weeks for appointments, and GPs are working extra hours. The BMA [quarterly survey](#) found that 3 in 4 GPs are often or very often working beyond their regular hours.

### **Committee of Medical Managers Elections**

GPC are looking for four medically qualified managers who are engaged in primary care practice, including those working in primary care organisations or within clinical commissioning groups or primary care networks, to join the BMA committee of medical managers. Nominations close at midday on 17 July. All positions have a two-year tenure. Find out more [here](#).

### **GPC Newsletter**

Read the latest GPC newsletter [here](#).