

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

January 2018

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MAKING URGENT CARE WORK BETTER IN SHEFFIELD: LMC RESPONSE

Further to the article in the November LMC newsletter urging practices to review the *Making Urgent Care Work Better in Sheffield* consultation and to consider submitting a response, the consultation deadline has now been extended to **31 January 2018**.

We would encourage any practices that have not already done so, to review the information available at: <http://www.sheffieldccg.nhs.uk/get-involved/urgent-care-consultation.htm>.

We have submitted a response to Sheffield Clinical Commissioning Group (CCG), which can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/Making%20Urgent%20Care%20Work%20Better%20in%20Sheffield%20-%20LMC%20Response.pdf>.

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PROBLEM GAMBLING SHEFFIELD AUDIT

Magdalena Boo, Health Improvement Principal, Public Health, Sheffield City Council (SCC) requested the LMC's assistance in raising awareness of the issue of problem gambling and an audit that is currently underway.

Nationally, problem gambling has been hitting the headlines, with the current government consultation on Fixed Odds Betting Terminals described in the press as the "crack cocaine of gambling". In 2018, Gambleaware will be launching a national campaign to raise awareness of problem gambling. This national spotlight on problem gambling is likely to raise awareness and demand for more support for problem gamblers.

The SCC Public Health team is asking GPs and other services (such as mental health and addiction services) to participate in an audit to establish a baseline for the city's ability to identify, treat or refer problem gamblers. All Practice Managers should have recently received a letter and proforma from Magdalena Boo (circulated via Sheffield CCG's e-bulletin dated 9-1-18), requesting completion of the proforma *by Friday 19 January*.

Those who participate in the audit will then be invited to a roundtable discussion to plan local actions (if any) as required. Industry operators pay a tariff into a national fund which is used by Gamcare to commission services for problem gamblers in local areas. The results of the audit will be used to inform Gamcare as to how best to serve local need.

Completion of this audit is voluntary and it is appreciated that practices receive many requests for information and completion of audits and surveys. However, the LMC has worked with SCC to make the audit as brief (5 questions), relevant and general practice friendly as possible, and we would encourage practices to respond.

If any Practice Manager has not received Magdalena's email, or has any queries or concerns, please do not hesitate to contact Magdalena via Magda.Boo@sheffield.gov.uk or (0114) 2057470.

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GENERAL DATA PROTECTION REGULATIONS (GDPR)

As you will be aware from the November 2017 LMC newsletter, the GDPR will come into force on 25 May 2018. The General Practitioners Committee (GPC) has been liaising with NHS England (NHSE) regarding the ramifications of the regulations and is now aware that NHSE guidance will not be published until the end of February at the earliest. The GPC is in the process of finalising their own comprehensive guidance but, in the meantime, have provided the below interim update:

- Practices should already have data protection policies and procedures in place. Under the GDPR practices will need to be able to show that they are written down and accessible to staff and that staff are aware these policies are in place.
- Practices should already know what personal data they hold, who can access them (and why), with whom the data is shared (and the legal basis for this), and what security measures are in place for storing and sharing. Under the GDPR it will be a requirement to have an audit/record to state the above, which can be provided to the ICO upon request (eg if there is a complaint from a patient about a breach or non-compliance).
- Practices should already have 'fair processing' or 'privacy notices' displayed in the practice and on the practice website. These notices should explain to patients how their data might be used, when they might be shared and with whom and any rights of objection.
- Practices need to be able to demonstrate their compliance with the regulations upon request. At present they just need to be compliant. Under the GDPR practices will need to be able to demonstrate that they have all policies and procedures in place, as well as a record of the above. Essentially if the ICO turns up at a practice, they need to be able to provide them with a document showing all of the above.
- Penalties for data breaches, including not being compliant and not being able to demonstrate compliance are much higher under the GDPR, and have lower thresholds (ie you can be fined more for a lesser offence).
- Practices will no longer be able to charge a fee for patients to access their own information.
- Practices which are already compliant with the Data Protection Act 1998 will be in a strong position for the introduction of the GDPR. The BMA has existing guidance on *GPs as Data Controllers* which can be accessed via: <http://www.sheffield-lmc.org.uk/website/IGP217/files/GPs%20as%20data%20controllers.pdf>.

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IMPROVING RELATIONSHIPS BETWEEN GENERAL PRACTICE AND THE DEPARTMENT FOR WORK AND PENSIONS (DWP)

The General Practitioners Committee, British Medical Association Professional Fees Committee and the Royal College of General Practitioners have been liaising with the DWP on a number of issues.

The DWP is keen to improve relationships between general practice and the DWP and, to that end, they have circulated details of Jobcentre Plus District Managers. The contact for South Yorkshire is Sharon Thorpe, who can be contacted via sharon.thorpe@dwp.gsi.gov.uk or 0113 2324125.

Sharon can be contacted with general questions about benefits and services offered by Jobcentre Plus. In addition, a representative from Jobcentre Plus can be put in touch with a practice to discuss their role and ways of working together to help patients. If you have specific issues relating to a particular patient please ensure you have patient consent to contact the District Manager.

Please note that these contact details are being supplied to GPs only and should not be passed on to patients.

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FREEDOM TO SPEAK UP IN PRIMARY CARE

NHS England (NHSE) has published guidance for primary care providers on supporting whistleblowing in the NHS. This guidance is for all providers of NHS primary care services (GP practices, dentists, opticians and community pharmacists). It details the principles and actions to apply in primary care to support the raising of concerns by staff about the delivery of services to patients and the management of matters raised. A copy of the guidance can be accessed via:

<https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>.

The General Practitioners Committee has noted their support and continued involvement in the development of the freedom to speak up programme. However, they have also noted the challenges of doing this in general practice, and the different views held as to who is best to take on the local guardian role. Further supporting information is expected to be published by NHSE in the near future.

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CONDITIONS FOR WHICH OVER THE COUNTER (OTC) ITEMS SHOULD NOT ROUTINELY BE PRESCRIBED IN PRIMARY CARE

NHS England (NHSE) recently launched a consultation which proposes to rein in prescriptions for some OTC products. The consultation document lists 33 minor illnesses which have been identified by a national joint clinical working group which are either self-limiting or suitable for self-care.

The proposals include stopping the routine prescribing of products that:

- *Have low clinical value* and where there is a lack of robust evidence for clinical effectiveness, such as probiotics, vitamins and minerals.
- *Treat a condition that is considered to be self-limiting*, so does not need treatment as it will heal/be cured of its own accord, such as sore throat or coughs and colds.
- *Treat a condition which could be managed by self-care*, ie that the person does not need to seek medical care or could visit a pharmacist, such as indigestion, mouth ulcers and pain relief.

Subject to the outcome of the consultation, guidance on OTC medicines will be published by NHSE, with Clinical Commissioning Groups (CCGs) being asked to consider its implementation in their communities. The proposed guidance would not remove the clinical discretion of the prescriber in deciding what is in accordance with their professional duties.

The full consultation document can be accessed via:

https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/user_uploads/otc-guidance-2.pdf.

The consultation closes on **14 March 2018**.

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GP TRAINEE E-NEWSLETTER: DECEMBER 2017

The December edition of the GP Trainee e-newsletter is available on the BMA website at: <http://bma-mail.org.uk/t/JVX-5BUWK-1BJCJOU46E/cr.aspx>.

The main articles include:

- LMCs: what, why and where next?
- Will Scottish GP training be the envy of Britain?
- Indemnity – your questions answered.
- Bring the NHS back together.
- Meet your representative.
- Junior members forum: last chance to register.

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**SESSIONAL GPs E-NEWSLETTER:
DECEMBER 2017**

The December edition of the Sessional GPs e-newsletter is available on the BMA website at: <http://bma-mail.org.uk/t/JVX-5CGEQ-1BJCJOU46E/cr.aspx>.

The main articles include:

- The future of general practice.
- PCSE, Capita, NHSE... and black holes.
- Recognising early symptoms of ovarian cancer.
- Type 2 forms and annualisations.
- What's it really like being a locum GP?

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**JOINT BALINT GROUP FOR GPs /
CONSULTANT PSYCHIATRISTS / PSYCHOTHERAPISTS**

*Article submitted by Dr Alex Pavlovic, Consultant Psychiatrist in Psychotherapy,
St George's Community Health Centre, Sheffield*

Balint groups consist of professionals who meet on a regular basis; anything from once weekly to once monthly. One person brings a case that had a particular impact upon them in some way, for example it had a high emotional significance or it was professionally challenging. Other members listen and then discuss the case while the presenter 'steps out' of the group and listens to the discussion. This helps the presenter to take a step back and reflect from a distance. A few minutes before the end presenter 'comes back' and reflects on what was said. The groups last anything from 45-90 minutes.

Over recent years Balint groups have been used mainly for training of junior psychiatrists and sometimes for medical students. Dr Alex Pavlovic, newly appointed Consultant Psychiatrist in Psychotherapy is hoping to start a joint group for GPs and consultant psychiatrists/psychotherapists.

The group would be run on a monthly basis for 90 minutes at St George's. The aim would be to support GPs and encourage the links between psychiatrists and GPs and the integration between primary and secondary care services.

The group would start once the minimum number of people express an interest (4 members plus a facilitator) and would then be open to accepting new members until the maximum number is reached (usually 14 members). Day and time would initially be negotiated among the starting members but after that hopefully some regularity will be established.

If you are interested please contact Dr Pavlovic on alex.pavlovic@shsc.nhs.net.

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

Articles for the February edition to be received by Friday 9 February

**Submission deadlines can be found at
<http://www.sheffield-lmc.org.uk/page1.aspx?p=16&t=1>**