



The Humberside Group of Local Medical Committees Ltd

Newsletter: 9 September 2015

The LMC Newsletter is a round-up of interesting news and information for GPs and Practice Managers in Hull, East Yorkshire, North Lincolnshire and North East Lincolnshire. You can read from top to bottom or alternatively, use the contents section to jump to items of interest. Items marked with a * and in orange on the content list are highlighted either because of their importance or because they contain information you may not yet have seen elsewhere.

CONTENT

1. INSPECTION

Intelligent Monitoring Reports Updated

2. TRAINING, EVENTS & OPPORTUNITIES

GP Vacancies on the Yorkshire & Humber Clinical Senate

IUCD Masterclass

Workshop to support General Practice delivery of the Childhood Flu Immunisation Programme
- 2 to 4 year old cohorts

3. CLINICAL ISSUES

Meningococcal B vaccination

Homely remedies and meningitis vaccine

Community Paediatric referrals in Hull & East Riding.

4. PRACTICE MANAGEMENT

Charges for Medical Records Courier services

Important Update: Subject Access Requests (SARs) from Insurance Companies*

Patient Online – Availability of Coded Medical Records

Important changes to NMC registration rules*

CCG/Practice IT Agreement: Terms governing the provision and receipt of GPSoC services and GP IT services

Yorkshire Ambulance Service 999 Frequent Callers – Case Conferences

Total Reward Statements (TRS) – Information for Practice Managers

Display Energy Certificates – Changes to Requirements

5. GUIDANCE & RESOURCES

Patient Information Leaflets: Flu Season 2015/16

New insurance and indemnity regulations

6. CONSULTATIONS

Shaping the Second Cycle of Appraisal & Revalidation – A Survey

Reminder – GMC Consultations

Consultation: Improving patient care through better general practice and community pharmacy integration
Consultations launched into voluntary sector role in health and care

- 7. GENERAL NEWS**
How are GPs adopting digital innovation?

INSPECTION

Intelligent Monitoring Reports Updated

CQC updated their 'intelligent monitoring' for GP practices with the latest available data in June 2015. The intelligent monitoring report for your practice should have been shared with you during July/August to allow you to check the data.

Following the outcry when GP Intelligent Monitoring was first introduced in November last year, CQC has changed its presentation and approach to this data. They no longer use risk bandings and have changed the language they use to highlight variation between practices.

CQC has also produced a [frequently asked questions document](#) about Intelligent Monitoring.

The Intelligent Monitoring Report for your practice will be accessible from the CQC website. To view yours, find your practice profile page on the CQC website and then click on the 'Reports' tab. You can find the profile for your practice by using the search bar.

TRAINING, EVENTS & OPPORTUNITIES

GP Vacancies on the Yorkshire & Humber Clinical Senate

The Yorkshire and the Humber Clinical Senate currently has vacancies on its Council for 2 GPs. The Clinical Senate provides independent clinical advice on service change proposals to commissioners. The Senate Council is the key Steering Group for the Senate and meets bi monthly in Wakefield. Backfill funding is available to practices to facilitate GP attendance.

It is essential for the Senate to ensure that it incorporates the primary care perspective into its discussions and you would therefore have an important role in this influential body with opportunity to be involved in the review of service change proposals across Yorkshire and the Humber. If you would like to discuss this opportunity further please contact the Senate Manager joanne.poole1@nhs.net

IUCD Masterclass

For GPs and Practice Nurses who fit intrauterine contraception.

This event will be presented by Dr Jenny Brotherston, General Training Programme Director for Hull & East Yorkshire, Faculty of Sexual & Reproductive Healthcare.

The event is free to all healthcare providers on subcontract to CHCP. (Others can attend at a cost of £60 including VAT.)

Masterclass details:

Date: Tuesday, 6th October 2015
Time: 18:30 – 20:30
Venue: Wilberforce Health Centre, 2nd Floor Meeting Room,
6 – 10 Story Street, Hull, HU1 3SA

For further enquiries, please contact Tam Begum on (01482) 336324 / 336357 or via email at tam.begum@nhs.net

Workshop to support General Practice delivery of the Childhood Flu Immunisation Programme - 2 to 4 year old cohorts

The Childhood Flu Immunisation Taskforce is holding four events in September 2015 to support GPs in the delivery of the Childhood Flu immunisation programme for the 2-4 year old cohorts.

All General Practice staff are welcome to attend these sessions but the sessions will be primarily aimed at Practice Managers, Practice Nurses, Receptionists and Administrators.

The dates and venues are:

Birmingham: 9th September 2015 (IET Birmingham Austin Court, IET Services Limited, 80 Cambridge Street, Birmingham, West Midlands, B1 2NP, United Kingdom)

London: 24th September 2015 (The Law Society, 113 Chancery Lane, London, WC2A 1PL)

Agenda:

The agenda has yet to be finalised. There are two sessions per day – **10am to 12:30pm** and **13:30 to 16:00**

Sessions will cover:

- the rationale, aims and objectives of the programme
- interactive discussion about best practise, what works best, thoughts from the attendees.
- Q&A

To register:

Places are limited for these sessions and will be allocated on a first come first served basis. Please email england.childhoodflu@nhs.net with the following information:

- First name and surname
- Name of employer
- Postal address
- Email address
- Contact phone number
- Preferred date (**Birmingham: 9th September 2015, London: 24th September 2015**)
- Session time – AM/PM

CLINICAL ISSUES

Meningococcal B vaccination

As from 1 September 2015 the Men B vaccination has been added to the Childhood Immunisation Programme in England.

The programme is for all infants born on or after 1 July 2015, and consists of three doses at 2, 4 and 12 to 13 months, with a catch-up element for children born on or after 1 May 2015, who can be vaccinated up to 2 years on an opportunistic basis.

JCVI has recommended three doses of prophylactic paracetamol (2.5ml of infant paracetamol 120mg/5ml suspension) following the vaccinations at 2 and 4 months. 5 ml sachets and dosing syringes are available to order via ImmForm.

We are aware that many practices have been asked by parents to provide this vaccine privately to children outside the cohort. Although practices would be able to offer this on private script they would not be able to claim the cost of the vaccine, nor would they be able to charge the patient for providing it (as per Schedule 5 of GMS Regulations 2004 which lists the limited circumstances in which GPs may charge fees for providing treatment to their NHS patients). We would recommend that practices advise their patients requesting this to attend another practice, who are then able to charge for providing the vaccine.

Further information about the meningococcal vaccine, including a protocol for healthcare professionals for Men B and paracetamol use is available on the [Public Health England website](#).

The service specification for this vaccination is available on [NHS England website](#) and [Vaccine update](#) also has some useful information, including a parent information leaflet.

General information about all the vaccination programmes is available on the [BMA website vaccinations pages](#).

Homely remedies and meningitis vaccine

A number of bodies have recently circulated "Homely remedy" papers for GPs to use in their surgeries when immunising babies with the new meningitis vaccine. The LMC would remind GPs that a Homely Remedy policy is not contractual and GPs should use their clinical judgement when providing paracetamol.

Community Paediatric referrals in Hull & East Riding.

The LMC has been in discussions with the Dr Umerah, Community Paediatrician, over the amount of information required in lengthy referral forms.

We are now in a position to advise practices that Dr Umerah has stated that:

“We do not expect our GP colleagues to undertake huge pieces of work in order to complete the form entirely; merely to provide us with the information they have, relevant to the health need and compatible with the service we are commissioned to provide. We are currently modifying the form to provide more guidance.”

GPs should note this when referring to the community paediatric service in Hull.

PRACTICE MANAGEMENT

Charges for Medical Records Courier services

Primary Care Support Services have been standardising the way the service operates across the country. As a result of this programme, the decision has been taken to cease charging for Medical Records Courier services where these charges are currently applied.

This change will take effect and apply to payments from 1st September. This will be a prospective implementation and PCSS will unfortunately be unable to arrange refunds for payments made before this date, including cases where the charges relate to services delivered after 1st September.

Important Update: Subject Access Requests (SARs) from Insurance Companies

Practices will be aware that Insurance Companies frequently use Subject Access Requests to obtain a patient’s full medical record for insurance purposes, rather than requesting a report from the GP. This practice has been challenged by the BMA and was recently the subject of a [ruling by the Information Commissioner’s Office](#) (ICO):

“The right of subject access is a key element of the fundamental right to the protection of personal data provided for under Article 8 of the EU Charter of Fundamental Rights which is conferred upon individuals. It is not designed to underpin the commercial processes of the life insurance industry. The Commissioner takes the view that the use of subject access rights to access medical records in this way is an abuse of those rights.”

On the basis of the ICO ruling and on advice from the GPC, the LMC initially advised practices not to respond to subject access requests from insurance companies except to quote the ICO ruling.

However, the ICO has now challenged the GPC’s original advice and has clearly stated that GP Practices cannot simply refuse to respond to Subject Access Requests.

The BMA has now published a [‘Focus On’](#) document which seeks to clarify how GPs can ensure they continue to meet their data controller obligations to process legitimate SARs and remain compliant with the other principles of the Data Protection Act. **We strongly recommend that practice managers read the Focus On document.**

Based on the ICO’s guidance, the following advice is now being given to practices:

What should GP practices do?

The ICO has stated that when a SAR from an insurance company is received, GPs should contact the patient to explain the implications of such a request and the extent of the disclosure. The ICO is also clear that GPs should provide the SAR information to the patient themselves, rather than directly to the insurance company.

The ICO's Subject Access Code of Practice states that 'If you think an individual may not understand what information would be disclosed to a third party who has made a SAR on their behalf, you may send the response directly to the individual rather than to the third party. The individual may then choose to share the information with the third party after having had a chance to review it.'

The BMA has produced a template letter for GPs to send to patients which is in line with the advice from the ICO. The letter offers patients a choice between a SAR, whereby the medical record would be provided to them to share with the insurer as they wish, or asking their insurance company to seek a GP report. (The letter template is contained as Appendix 1 in the Focus On document.)

On a practical level, the LMC would suggest that practices first contact the Insurance Company and express surprise at the request, given the ICO's advice to the insurance industry, and inviting a request for a Report instead.

Regardless of whether a full SAR or a Medical Report is provided, the fee should be charged to the Insurance Company not the patient.

Patient Online – Availability of Coded Medical Records

The LMC has received some enquiries regarding practice obligations in relation to the next stage of the Patient Online initiative.

It is part of the 2015/16 contractual requirements that online access is extended to include coded data. This is with effect from April 2016.

Practices should note that there is no requirement within the contract for patients to be able to access retrospective coded data. The electronic access to coded data covers new information placed on the patient's record from the point that online access was made available.

Practices that wish to provide access to historical (retrospective) data will need to consider what data quality checks are required before doing so.

The RCGP and NHS England have recently produced a helpful document: [Online services: an Overview of online access.](#)

Further RCGP guidance on Proxy Access and Coercion can be accessed via the [LMC website here.](#)

Important changes to NMC registration rules

The Nursing and Midwifery Council (NMC) has announced strict new guidelines about lapsed registration for its members.

The regulatory body has announced that from November 2015:

- professionals who allow their registration to lapse will only be allowed back onto the register after a reapplication process
- the process could take between two and six weeks, creating problems for practising nurses and midwives who are legally required to be registered, and for their employers

A nurse's registration lapses from midnight on its expiry date, if the NMC does not receive the documentation and fee in time to process the application for renewal. Previously, a window of grace enabled late applications for registration renewals to be processed without reprisal.

Practices are encouraged to communicate this change in regulations to affected nursing staff.

CCG/Practice IT Agreement: Terms governing the provision and receipt of GPSoC services and GP IT services

Practices will soon be asked to sign a CCG/Practice IT Agreement. This sets out:

- the basis on which a CCG will provide the Services to Practices
- each Practice's responsibilities in respect of the receipt of these Services.

The CCG is required to have agreements in place with all practices to ensure continued funding.

Yorkshire Ambulance Service 999 Frequent Callers – Case Conferences

GPs who work in Yorkshire Ambulance Service (YAS) area will have received a letter from Dr Phillip Foster (Associate Director of NHS111) informing them that YAS may call a case conference on a frequent 999 user which they expect the GP to attend. He asks for your full support which depends on your engagement. No resource or backfill is offered.

As there had been no prior consultation with the LMC we raised this with Dr Foster who felt that the Enhanced Service for avoiding unplanned admissions would cover this. He did, however, recognise that GPs may not be able to support these conferences and stated that YAS would therefore work with other agencies.

The LMC view is the Enhanced Service does not cover this degree of involvement and that it is entirely at the discretion of practices whether they wish to take part.

Total Reward Statements (TRS) – Information for Practice Managers

This is an initiative from the NHS Business Services Authority/Pensions.

A TRS is a personalised summary that shows NHS employees their full employment package including:

- Basic pay
- Allowances
- Pension benefits (for NHS Pension Scheme members)
- Other benefits (e.g. childcare vouchers, cycle to work schemes etc)

Smaller NHS organisations and GP practices that do not use the Electronic Staff Record (ESR) will receive **Annual Benefit Statements** (ABS) for their staff, instead of a full TRS.

An ABS is different to a TRS because it does not include the employment or local benefits information provided via ESR.

An ABS will provide an overview of pension benefits based on information provided to NHS Pensions as at 31 March each year. It will include information such as:

- Pension
- Lump sum
- Survivor Pension
- Membership and pay
- Pension Scheme contributions
- Death benefits and nominations

These statements will be accessible online through the TRS portal via the Government Gateway link. Statements will be rolled out in tranches geographically. All of Yorkshire & North Humberside is in tranche 1. The intention is that all statements will be available for employees to view from the end of August 2015.

You should receive payslip leaflets for you to distribute to your employees. This should include a covering letter with instructions about when to distribute them.

What are GP practices being asked to do?

The aim is for all NHS employees (including employees of GP practices) to have access to their Annual Benefit Statement.

GP Practices are being asked to participate in this process which it is argued will be of benefit to NHS employees and employers. It is believed that it will support recruitment, retention, morale and motivation of staff by ensuring that they are aware of their overall pay and reward package and the benefits available to them.

A [toolkit](#) and [‘to do’ timeline](#) has been developed and Practice Managers may have started receiving emails asking them to carry out different tasks related to this initiative.

The proposed ‘to do’ timeline starts 20 weeks before the statements for your staff are due to be available. The timeline is described as:

“a number of simple actions that we will ask you to do in order to make sure you are fully prepared prior to statements being available for your organisation.”

If NHS Pensions have identified you (as Practice Manager) as their main contact, you may have started receiving reminder emails from them when they think you are due to complete a task.

If it is more appropriate for someone else to be the main contact for this scheme, you should advise NHS Pensions.

What do GP Practices have to do?

The 20 week time line engagement process **is not mandatory**.

When you receive payslip leaflets for your employees which tells them about their Annual Benefit Statement, you should pass these on to your employees. As an employer within the NHS Pension Scheme, you are required to provide these leaflets in line with disclosure requirements.

Other issues to consider

If you can encourage your employees to access their Annual Benefit Statement, you may not get as many NHS pension estimate requests, which may reduce your workload.

Additional Information

If you wish to be removed from the mailing list, you should email nhsbsa.trsemployers@nhs.net asking to be unsubscribed.

You can email enquiries or call the helpline for more information:

nhsbsa.trsemployers@nhs.net

Employer helpline: 0300 3301 352

Display Energy Certificates – Changes to Requirements

Many of you will be aware of the requirements to display an Energy Certificate but we wanted to make you aware that with effect from 9 July 2015, the requirements have changed and now apply to buildings with floor space exceeding 250m² (previously 500m²). This means that smaller GP practices may now be affected by the requirements.

Buildings that require a Display Energy Certificate (DEC)

A Display Energy Certificate (DEC) and advisory report are required by buildings that:

- Have a total useful floor space exceeding 250m² (with effect from 9 July 2015)
- Are occupied by public authorities
- Are frequently visited by the public

For the purposes of a GP practice the definition of a public building is likely to include surgery premises, as GP practices are in receipt of public funds and provide a public service to large numbers of people who visit regularly, although this has yet to be tested in law.

Displaying a DEC

From 9 January 2013 occupiers of buildings meeting the above requirements must prominently display a DEC in an area visible to the public. They must also possess a valid advisory report which details recommendations to improve the building's energy performance. The DEC certificate should be no smaller than A3 in size to enable easy viewing by the public.

The available leaflets are:

The flu vaccination – winter 2015/16

This leaflet describes the symptoms and cause of flu and who should have the vaccination this coming winter.

Flu, your pregnancy and you

It's important that expectant mothers are protected against flu, at whatever stage they are in during their pregnancy. This leaflet explains why it's important and what pregnant women need to do to get protected.

Protecting your child against flu

This leaflet explains which children are being offered flu vaccination in 2015/16, the reason for vaccinating children and gives information on the nasal spray

Helping stop you getting flu: information for people with learning disability

This easy-read leaflet explains flu vaccination for people with learning disabilities

Template letters

Letter templates are also available as Word documents for local areas to download to invite patients for flu vaccination. including:

- For GP practices to send to those in at-risk groups (including pregnant women)
- For GP practices to send to the parents of 2, 3 and 4 year olds
- For use by those delivering the childhood vaccination programme both through school-based services and community services

New insurance and indemnity regulations

The GMC has recently made changes to their regulations following a consultation which ran in late 2014.

It's now a **statutory requirement** for doctors to have appropriate insurance or professional indemnity covering the **full scope of their practice** when working in the UK. [Good Medical Practice](#) already places a professional duty on all doctors to have appropriate insurance or indemnity, but these changes reinforce the importance of having this in place.

If you have this in place, you don't need to take any action. These new regulations mean that the GMC:

- can check that any doctor practising in the UK has the appropriate insurance or indemnity in place, when they have concerns that this might not be the case.
- could remove a doctor's licence to practise if they learn that a doctor doesn't have appropriate insurance or indemnity in place or if they fail to give the GMC the information they request
- can refuse to grant a licence to a doctor if they can't assure the GMC that they'll have the appropriate insurance or indemnity in place by the time they start practising in the UK.

How can I check if I have appropriate insurance or indemnity?

It is important to review your insurance and indemnity regularly, to make sure that it continues to provide sufficient cover for all your medical work. The GMC has published some [new guidance on insurance, indemnity and medico-legal support](#) on their website which you may find helpful. It sets out different scenarios and important factors to check when assessing if you are fully covered.

If you are still not sure whether you need insurance or indemnity, or the level of indemnity you need, you should speak to your medical defence organisation or any other professional indemnity or insurance provider. They should be able to give you advice that is tailored to your circumstances.

CONSULTATIONS

Shaping the Second Cycle of Appraisal & Revalidation – A Survey

The LMC has been asked to encourage a wide cross-section of GPs (not just RCGP members) to respond to this consultation, which has relevance to all GPs.

RCGP Request:

Supporting members in the Second Cycle of Appraisal and Revalidation. Please invest five minutes of your time to influence the future direction to be taken by your College.

We want to support you in your personal and professional development and making quality improvements in your practice, despite the pressures currently faced by the NHS and primary care. The RCGP has a key role in setting standards for all general practitioners, but also in providing support and guidance for its members. We want to hear from you about how well we have achieved what we set out to do, and what we could have done better. Your input to this questionnaire will be used to inform the RCGP position in the negotiations and planning for the second cycle of revalidation and to improve the support that we can provide.

The questionnaire is available at <https://www.surveymonkey.com/r/Y9XNQSS> until the 13 September 2015 and all responses will be treated anonymously. If you experience any issues when completing the questionnaire please contact revalidation@rcgp.org.uk

Reminder – GMC Consultations

This is just a brief reminder that the GMC is currently consulting on three areas of relevance to GPs:

[Generic professional capabilities - consultation on draft framework](#)

The GMC has developed jointly with the Academy of Medical Royal Colleges a draft framework setting out the core professional values, knowledge, skills and behaviours that all doctors should know about, and be able to apply and adapt to a range of clinical and non-clinical contexts, by the time they complete specialty training.

From engagement with key interest groups over the past two years, the GMC has found general support for developing this core framework and is now seeking views on the structure and content of the framework, including the domains, themes and stated outcomes. Consultation closes 22 September 2015.

[Credentialing](#)

The GMC is considering a new process called credentialing to recognise doctors' capabilities in particular practice areas. The main purpose of this new framework will be to protect patients and make sure that future healthcare developments are safe and effective. Consultation closes 4 October 2015.

[Publication and Disclosure](#)

The GMC is consulting on a number of changes to the information it publishes about doctors who have been through a fitness to practise investigation and received a sanction. The consultation closes on 23 September 2013.

Consultation: Improving patient care through better general practice and community pharmacy integration

The Royal Pharmaceutical Society (RPS) and the National Association of Primary Care (NAPC) are listening to stakeholders from across pharmacy, general practice, the wider NHS and, most importantly, people who use and rely on the NHS, to consider how better integration of the roles and aspirations of the community pharmacist and general practitioner can improve patient care.

This short consultation will lead to the production of policy and ideas that will inform policy makers, commissioners and NHS care providers about the potential benefits of greater integration of the work of community pharmacists and general practitioners and how this can be implemented at national and local levels.

[Read the consultation document here.](#)

[Respond to the consultation here.](#)

The closing date for responses is Friday 9 October 2015.

Consultations launched into voluntary sector role in health and care

Two consultations have been launched to help determine the future of voluntary sector involvement in health and care.

NHS England Chief Executive, Simon Stevens, said: "I think it is essential that NHS England is working with the Voluntary, Community and Social Enterprise sectors in co-producing the future of our NHS. We are working closely with VCSE organisations in the future direction for cancer, mental health, learning disability and other services."

Respondents from the health sector are invited to give their views on the current state of partnership working, and how closer collaboration could be fostered.

Both consultations will remain open until Friday 6 November and can be accessed [here](#).

GENERAL NEWS

How are GPs adopting digital innovation?

New technologies will not be the panacea for all things inefficient and bureaucratic in general practice. But when implemented methodically, digital innovation can assist GPs to deliver consistent, high quality and accessible care, at a time when unsustainable workloads and resource constraints are putting pressure on services.

This Nuffield Trust Blog from Dr Kushai Barai shares some general practice experiences with adopting new technology to tackle the challenges they are facing.

NLaG GP Newsletter

Read the latest issue [here](#).



Dr Russell Walshaw

Chief Executive

The Humberside Group of Local Medical Committees Ltd

Address: Albion House, Albion Lane, Willerby, Hull, HU10 6TS

Tel: 01482 655111

Fax: 01482 652434 (Safe Haven)

Email: humberside.lmcgroup@nhs.net

Web: www.humbersidelmc.org.uk

Registered in England & Wales. Registered No. 8624868. The Humberside Group of Local Medical Committees Limited does not provide legal or financial advice and thereby excludes all liability howsoever arising in circumstances where any individual, person or entity has suffered any loss or damage arising from the use of information provided by The Humberside Group of Local Medical Committees Limited in circumstances where professional legal or financial advice ought reasonably to have been obtained. The Humberside Group of Local Medical Committees Limited provides representation, guidance and support to GPs and practices. The Humberside Group of Local Medical Committees Limited strongly advises individuals or practices to obtain independent legal/financial advice.



The LMC is now tweeting. Follow us for news and updates.