



The Humberside Group of Local Medical Committees Ltd

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INSPECTION

CQC's next phase of regulation: consultation update

CQC has published an update on consultation on implementation of its strategy and developing its new regulatory approach. The update details of the latest phase of the consultation on proposed changes to regulation which will run until **Tuesday 8 August 2017**.

View the update at <https://content.govdelivery.com/accounts/UKCQC/bulletins/19f0b23>

TRAINING, EVENTS & OPPORTUNITIES

Future Clinical Commissioning Leaders

The Future Clinical Commissioning Leaders programme is now open for recruitment for Cohort 5. This programme has been developed by the NHS Leadership Academy in collaboration with NHS England for individuals who are looking to step into the Clinical Commissioning Governing Body within the next 12 – 18 months.

The programme includes: three residential elements; attendance at three Action Learning Sets; coaching and mentoring; facilitated shared learning; and an assessment process including completion of the Healthcare Leadership Model 360 feedback.

You may be interested in this programme if:

- You are a clinician looking to step into the Clinical Commissioning Governing Body within the next 12–18 months.
- You want to develop your leadership skills
- You are working on a complex commissioning project
- You want to network and share experiences with peers

The [programme flyer](#) contains all the information as well as how to apply. For more details visit <http://www.leadershipacademy.nhs.uk/events/fccl/>. The closing date for applications is **Friday 28 July 2017**.

CLINICAL ISSUES

Important information – dispensing and prescribing Pregabalin

Please note the contents on the [NHS England letter](#) regarding replacement guidance on dispensing and prescribing Pregabalin.

The replacement guidance comes into force on Monday 17 July 2017 and replaces earlier guidance issued in March 2015 concerning Pregabalin which related to a patent dispute.

New telemedicine speech therapy service

Airedale NHS Foundation Trust has launched a new, ground-breaking video link speech therapy service for people who stammer and can't access therapy locally.

Aimed at adults across the UK who stammer and have no access to local support, the service has been funded by the Health Foundation's Innovating for Improvement programme and is delivered in partnership with the British Stammering Association.

The pilot service, which runs until March 2018, sees specialist speech and language therapist Stephanie Burgess delivering therapy sessions via video link. The idea was born out of Steph's successful work with a prisoner via Airedale's telemedicine capability.

Stammering affects nearly 1 in 100 adults and can have a significant impact on their social life, education, career and mental health. Steph's aim is to equip participants with the tools, strategies and skills to effectively manage and live with their stammer, whilst focusing on achieving their personal goals.

To be eligible for the service patients need to be:

- 18 years of age or older
- resident in the UK
- in sufficient command of the English language, i.e. not requiring an interpreter, and
- unable to access NHS speech therapy locally where they live.

Referrals are managed via the British Stammering Association. If you have a patient who stammers and might benefit from the service please go to www.stammering.org/speaking-out/article/join-our-nhs-adult-therapy-telehealth-pilot

If you have any further questions about the service, please contact airedale.stammeringtherapy@nhs.net

PRACTICE MANAGEMENT

Update: Police requests for medical notes from general practice

The BMA has obtained new legal advice regarding medical note requests received from the police.

There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record. In summary:

- If the police do not have a court order or warrant they may request voluntary disclosure of a patient's health records under section 29 of the Data Protection Act 1998.
- Where Section 29 applies, health professionals have the power to disclose the records to the police but there is no obligation to do so.
- Health professionals remain bound by the long-established common law duty of confidentiality and may only disclose information where the patient has given consent, or there is an overriding public interest. They may also be required to defend their decision to disclose before the GMC which is a statutory tribunal.
- Disclosures in the public interest based on common law are made where disclosure is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, treason, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category.

Practices are entitled to a fee for producing the notes. There is no set fee for producing these notes, as they are not considered a subject access request that you may receive from a patient. Therefore practices are able to set their own fee. It is vital that the police agree in writing to pay the fee, otherwise practices will not be able to claim for the service. If the police authority does not agree to pay the GP can decide whether they would like to provide the service free of charge, or not at all.

If your practice receives a request from the police, it is recommended that you obtain each of the following from the police:

1. Patient consent to release of their records OR written confirmation as to the nature of the serious crime allegedly committed by the patient and an explanation as to why the patient's records, or other information requested, are considered necessary for the specific purpose you are pursuing. [Practices will require one of these in order to fulfil their responsibilities as the Caldicott Guardian.]
2. Confirmation in writing that the fee will be paid within 28 days of the police receiving the record.
3. Written confirmation from a senior police officer – ranked Superintendent or above – that he or she considers that the crime being investigated is a serious crime in line with the examples provided above.

A [template letter](#) has been developed by the BMA for practices to use when they receive such requests from the police.

Once practices are in receipt of each of the above, and have checked the appropriateness of release of the records, they should respond to the police authority as soon as possible.

Alternatively, should it be appropriate for the police to view the record (based on answer to 1 above) then there is the option for them to view the record in the practice in the presence of a practice staff member. In this situation there is no fee chargeable.

Please note that if the police authorities have a court order or warrant for disclosure of the records, practices may be required to comply with the request even where a fee has not been paid or agreed. This will depend on a number of factors, including the terms of the court order or warrant.

GPs should, in all cases where there is no patient consent, consider whether the benefits to an individual or to society of disclosing the records outweigh both the public and the patient's interest in keeping the information confidential before agreeing to disclose the records.

For any queries please contact the LMC office for clarification.

Sending confidential emails via NHSmail

There has been a change in procedure for sending emails with sensitive data using NHSmail to other email systems. Rather than checking to see if the recipient of your email is on a secure email system or not, when sending emails with confidential or sensitive data, senders must use [secure] in the subject line of the email. The use of [secure] is not case-sensitive.

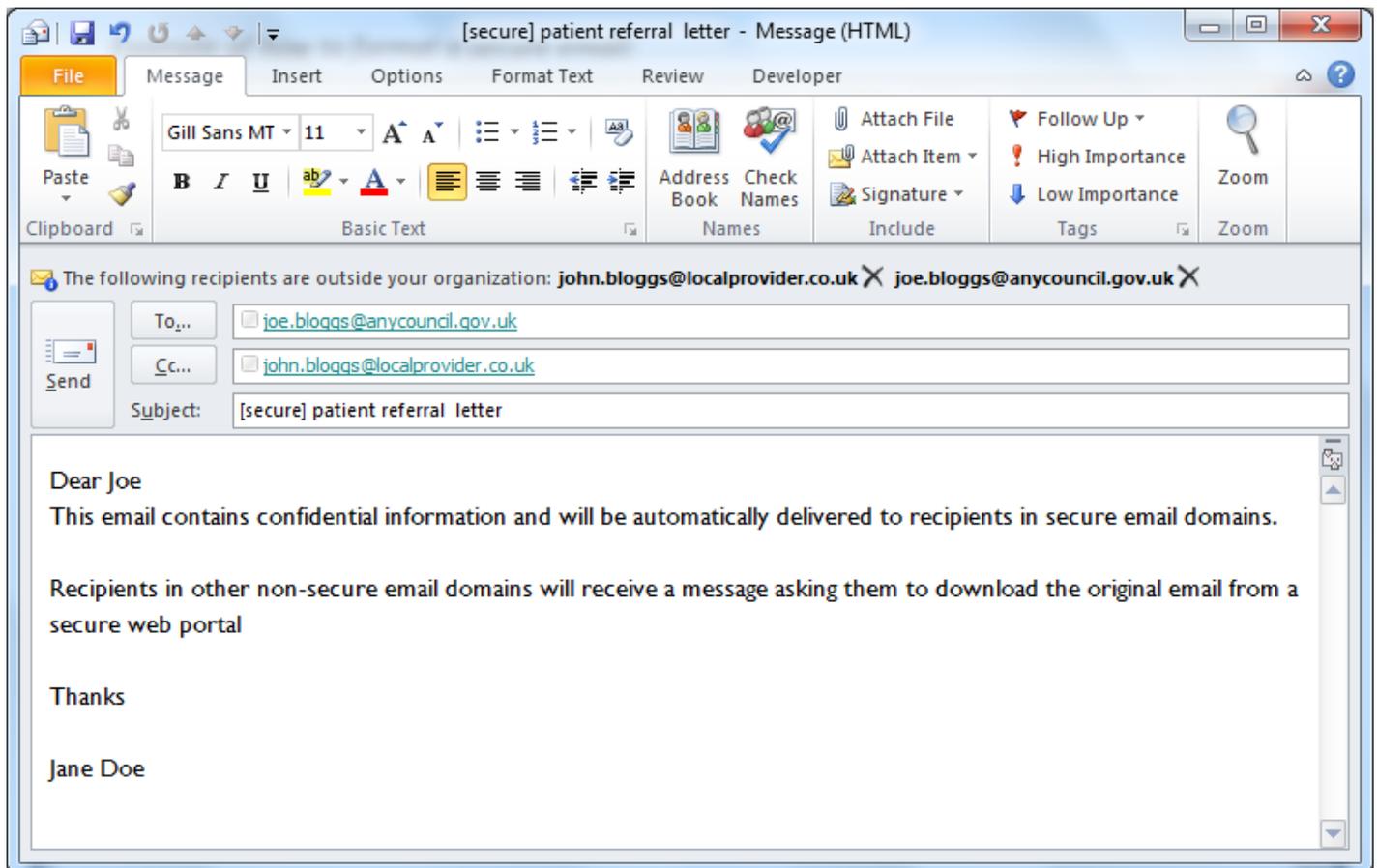
Behind the scenes NHSmail will then automatically work out if the encryption tool is required to protect the email (including any attachments). Senders will no longer need to check if recipients are on a list of secure email domains.

The NHSmail team has updated a number of related guidance documents which you should review:

- [NHSmial sharing sensitive information guide](#)
- [NHSmial encryption guidance for senders](#)
- [NHSmial encryption guidance for recipients](#)

NHSmial is a secure and accredited collaboration service which enables the safe exchange of sensitive and patient identifiable information between accounts.

Example of how to format a secure email:



IR35 (intermediaries legislation)

NHS Improvement had previously issued guidance to NHS and Foundation Trusts recommending that all individuals providing services through an intermediary should fall within IR35 and therefore, all locum, agency and bank staff would be subjected to PAYE.

NHS Improvement has now published further [guidance](#) confirming that assessment of whether or not IR35 applies to an individual must be carried out on a case by case basis rather than by a broad classification of roles.

Further information is available on the [BMA website](#).

GPC Update of medical records roll out

Over a year ago Capita / PCSE initiated a new medical records pilot in the West Yorkshire area, with the intention of rolling it out nationally. Problems identified in the pilot site meant that further roll out was delayed and so practices have been left with an interim solution. Initially the system was overwhelmed causing an unacceptable backlog of notes, and the situation was further complicated as it had no reliable way of tracking notes leading to a significant number of records being reported as missing. This was unacceptable and GPC insisted it had to be resolved. GPC have been clear that the pilot could not be rolled out until it received the full assurance that it would improve the system, rather than make it worse and that PCSE must show that they have learned from previous issues, fully evaluated the pilot and demonstrated this to NHS England who is ultimately responsible for overseeing the service. Constructive suggestions for improvement in the pilot area were provided and these have been taken into account, with extensive testing having now been completed, including a user satisfaction in the pilot area. Following this IT and courier capacity has been expanded.

NHS England now believe the pilot is ready to be rolled out, with the intention of providing improvements to medical records processing system for practices. In contrast to the original plan this will be a phased roll out which started w/c 12 June 2017 in the North of England (Leeds, Newcastle, Manchester and Nottingham). The timeframe of the roll out is over a long period stretching into next year, so any issues that arise can be actioned without adding to the present disruption. If the new system is successful it can be accelerated.

One significant problem is outstanding medical records, and GPC have been pushing PCSE to resolve these issues. In some cases the delay in transfer is because notes are still with the old practice. PCSE will be communicating with practices with a list of outstanding notes and practices are encouraged to release these records as soon as possible so that they can be transferred to the new practice.

Please do keep the LMC informed of problems and issues with PCSE. We gather and monitor intelligence from local practices and feed this into the national escalation processes. Whilst we cannot always guarantee a resolution to issues, it is important that we continue to bring national pressure to bear via the GPC on NHSE as the commissioner of this service and PCSE as the delivery organisation and understanding scale and frequency of problems is a key part of this.

Virtual MCP/Alliance agreement guidance

GPC has published further guidance on virtual MCPs and Alliance agreements. This covers some key legal factors that practices should carefully consider if they are thinking of entering such an arrangement. This guidance can be found on the [BMA website](#).

The guidance notes provide a summary of the main elements pertaining to the MCP contract and GPC's key concerns and will be joined by more detailed guidance on each of the proposed contractual models as further information is released.

Update: Clinical Pharmacists in GP practices scheme

GPC is currently working with NHS England to develop and agree an enhanced service for this scheme. This will enable easy transfer of funding to practices employing clinical pharmacists. There are also discussions ongoing regarding MoU (Memorandum of Understanding) arrangements between groups of practices utilising clinical pharmacists across multiple sites. This will also include approaches to ensuring clinical pharmacists and practices have adequate indemnity cover regardless of where the clinical pharmacist is based at any point in the week.

Guidance on employing shared staff is available [here](#) and includes information on secondments, joint employment, VAT considerations, alternative arrangements and managing change.

Debt Collection Action Against Capita

GP Survival has developed a plan to use debt collectors to go after Capita for debts owed to practices. In some cases, practices are owed tens of thousands of pounds in unpaid registrar salaries, maternity pay, pension deductions etc.

Dr Matt Mayer, Chair of GP Survival, is interested in hearing from practices willing to share details of how much they are owed, why they are owed it, how many invoices they have sent and when they sent their first invoice. This will inform GP Survival's strategy and their discussions with a debt collection agency.

Any practice interested in finding out more or sharing information about the debts they are owed should email Matt Mayer at campaigngpsurvival@gmail.com.

GUIDANCE & RESOURCES

Locum GP and salaried GP handbooks

Updated versions of the [locum GP handbook](#) and [salaried GP handbook](#) have been published. The [locum GP handbook](#) provides advice and guidance on all aspects of locum work, including on starting out as a locum, setting up as a business and establishing a contract for services with a provider. The handbook also provides advice to practices on recruiting locums.

The BMA [salaried GPs handbook](#) is a resource for salaried GPs and GP employers. It explains the legal entitlements of salaried GPs as employees, helps to ensure that salaried GPs are aware of their statutory and contractual rights, and outlines the effect of the various provisions of the model salaried GP contract. It includes sections on maternity leave and redundancy, and information on many other areas such as salary, hours of work, sick leave and employment protection. Please note that the handbooks can only be downloaded by BMA members.

Focus on funding from the General Practice Forward View

Members may recall that Humberside LMC produced a guide for practices on the funding and support available through the General Practice Forward View (GPFV). The guide was subsequently published by the BMA for practices nationally and an update has recently been issued. The new version reflects some of the timelines for implementation that have become clear since the original document was written.

The updated guidance can be accessed [here](#).

CONSULTATIONS

Advanced Clinical Practitioner Standards – Consultation

The Advanced Clinical Practitioner Trailblazer group has opened a consultation on the draft Apprenticeship Standard. The consultation is available as an on-line survey at <http://www.surveygizmo.com/s3/3574823/Advanced-Clinical-Practitioner-Apprenticeship-Standard-Survey>

The consultation will close on **Tuesday 25 July 2017**.

Your feedback will be reviewed following the closing date and the Trailblazer group will consider where amendments should be made to the draft Standard. The Standard will then be submitted to the Institute for Apprenticeships to seek approval prior to drafting the apprenticeship end point assessment plan.



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