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Doncaster LMC November 2019 Update



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**Local Medical Committee Team**

**Oakwood Surgery, Masham Road, Cantley, Doncaster DN4 6BU**

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| **Contact Us** |
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| **Email** | office@doncasterlmc.co.uk |
| **Website**  | [www.doncasterlmc.co.uk](http://www.doncasterlmc.co.uk) |
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**If you have an urgent issue that needs a quick response from the DPO please contact the LMC office on 01302 531223 – if there is no answer please call Helen Harris, Head of Corporate Governance at Doncaster CCG – 01302 566300**

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| **Key Contacts – Executive Team** |
| **Dr Dean Eggitt** Chief Executive Officer | http://www.doncasterlmc.co.uk/wpimages/wpc9729f73_05_06.jpg |
| **Jane Torn**Executive Officer | E:office@doncasterlmc.co.uk |
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**Information and Website Updates**

## **Looking for advice? LMC Website Updates**

Many of the questions asked by practices to Doncaster LMC have already been asked before and the answers can often be found on our website. We have integrated a Google Search function on our homepage so you can search our archive of monthly updates. If you have a query, try searching our website first – it will save you time.

## **GDPR**

To help you to fulfil your requirements under the regulation Doncaster LMC have created and sourced are large number of template documents that you will need.

Doncaster LMC is also the only LMC in the UK to provide the Data Protection Officer service to practices as a part of their levy.

The GDPR resources are available on our website at -

<http://www.doncasterlmc.co.uk/gdpr/.html>

**Tier 2 Visa**

Further information has been added to the Doncaster LMC Website regarding Tier 2 Visas, <http://www.doncasterlmc.co.uk/tier2visas.html>

This includes links for:-

Further information / Sponsor Guidance / Latest information regarding entering and staying in the UK / Latest Tier 2 sponsorship information / Register or apply for a sponsorship licence

Downloads: -

Visa expenses reimbursement form / Becoming a Tier 2 Visa Sponsor / Certificate of Sponsorship

**December 2019 Total rewards statement Update**

Last year NHS England and NHS Pensions launched a forms ‘amnesty’ – which meant that GPs could submit historical certificates dating back to 2009 to ensure their pensions accounts were fully up to date.

This has led to a substantial increase in the number of End of Year forms submitted this year. To provide members with more estimates, NHS Pensions is issuing two GP Pension Total Reward Statements this year. The first phase was issued in August and the second will be in December 2019.

**Change in MHRA guidelines regarding sodium valproate in childbearing age**

The Medicines and Healthcare products Regulatory Agency (MHRA) has changed the licence for valproate medicines.

* Valproate must no longer be prescribed to women or girls of childbearing potential unless they are on the pregnancy prevention programme (PPP).
* Healthcare professionals who seek to prescribe valproate to their female patients must make sure they are enrolled in the PPP.
* **This includes the completion of a signed risk acknowledgement form when their treatment is reviewed by a specialist, at least annually.**
* All women and girls who are prescribed valproate should contact their GP and arrange to have their treatment reviewed.
* NHS Digital has worked with GP systems suppliers to provide a search and audit function to identify women and girls on valproate as well as updating valproate prescribing alerts.

General practitioners should

* Ensure continuous use of highly effective contraception in all women of childbearing potential (consider the need for pregnancy testing if not a highly effective method)
* Check that all patients have an up to date, signed, Annual Acknowledgment of Risk Form each time a repeat prescription is issued
* **Ensure the patient is referred back to the specialist for review, annually**
* Refer back to the specialist urgently (within days) in case of unplanned pregnancy or where a patient wants to plan a pregnancy

As a Practice, it would be of benefit to conduct a search of women of child bearing age who are taking sodium valproate and ensure that they are invited by their Specialist to enrol them on the PPP.

Practically speaking, this may mean using a template letter to request a review of the sodium valproate use in this cohort of patients.

**Access to Medical Records: Solicitors**

The General Practitioners Committee (GPC) recently highlighted a court case which considered a dispute about how medical records are made available to solicitors requesting them on behalf of patients.

The GPC has considered the details of this case. The judge did not rule on issues related to the General Data Protection Regulation (GDPR) and Subject Access Requests (SARs). The court considered the question of disclosure under Civil Procedure Rules.

It is important for practices to note that this case does not alter any aspect of the law relating to GDPR.

When a SAR is received from a solicitor acting for a patient practices should follow the patient’s wishes and make available medical records to the solicitor if this is what the patient has authorised, unless the practice has particular concerns about the patient’s authorisation.

The Information Commissioner’s Office (ICO) has recently made a statement about the case which states that: ‘A person should not have to take action to receive the information, such as by collecting it from the controller’s premises, unless they agree to do so’: <https://twitter.com/ICOnews/status/1187673703422877696>

**IR35 and the impact on locums**

*If you are self-employed and work through your own Ltd company, this will affect you. If you're a sole trader, it shouldn't. This already applies to practices but it will soon apply to all settings and* ***people working OOH should especially take note****.*

Changes to the IR335 regulations are once again planned. As a recap, IR35 or “intermediaries legislation” is a set of rules designed to prevent tax avoidance. Its purpose is to catch people who are in “disguised employment” in which a worker receives payment from a client through an intermediary, such as their own limited company, but had the company not existed then the worker would be in an employed relationship with the client, or “engager.”

Prior to April 2017 it was always the responsibility of the limited company in such situations to determine the employment status of each engagement. In April 2017 the rules were changed so that where the engager is a public sector body (eg: a GP practice or NHS Trust) it is their responsibility, and not that of the locum’s limited company to determine the status and deduct tax and NI at source if the engagement were deemed to be employed.

What did this mean in 2017?

HMRC published tools to assist engagers and workers in assessing their employment status for tax purposes. Unfortunately, despite guidance that each engagement should be assessed individually with the tool on a case-by-case basis, some providers applied blanket policies declaring all locums, whether working through a limited company or as a sole trader, to be employed for tax purposes. Despite the rules not changing for sole traders – with the question for them being purely one of employment status – many providers applied such blanket policies to all “off payroll” workers. This resulted in confusion for locums, and destabilisation of the workforce as affected locums terminated their engagements with such providers.

What is changing?

From April 2020, the rules will be changed again so that as well as public sector bodies, private sector bodies which are defined as medium or large will also be responsible for determining employment status for tax of all workers whom they engage via an intermediary. This means locums providing services to non-public sector bodies such as corporations who provide Out-of-Hours (OOH), Urgent Care, Walk-in-Centres etc. may now be affected from April 2020.

What should I do in the meantime?

All locums working either directly or through a limited company should look at each engagement they undertake to determine their employment status for tax. A link to the HMRC employment status tool can be found below. You should also discuss the future changes with any client you engage so that if changes to your employment status are likely, you have adequate time to take steps to address this.

<https://www.gov.uk/guidance/check-employment-status-for-tax>

**Guidance to Support GP practice to provide online access to patient records**

NHS England and the General Practitioners Committee (GPC) of the BMA has published guidance to support GP practices to provide online access to patient records, subject to existing safeguards for vulnerable groups and technical considerations**.** Please follow the link below for guidance:

<https://www.england.nhs.uk/publication/patient-access-to-records-online-prospective-record-access/>

**Safeguarding training guidelines not compulsory**

NHS England have clarified that safeguarding training guidelines released earlier this year are not compulsory, after GPs expressed concerns about their impact on the profession.

In May, the RCGP released updated guidance on safeguarding children, which caused anxiety among GPs. NHS England confirmed to the BMA that **the guidelines are not compulsory as long as GPs can ensure their staff are adequately trained to carry out safeguarding duties**.

NHS England and NHS Improvement have an expectation that practices and professionals deliver safe effective care that is responsive to the needs of their patients. NHS England and NHS Improvement do not set out the training requirements for practice staff. The contract obliges contractors to ensure that their staff are up to date but does not specify the detail as the needs for individual clinicians can vary.

'Ultimately, under GP contract arrangements, it is for contractors to ensure that their staff are adequately trained. It is the responsibility of the contract holder to demonstrate that staff are appropriately trained to a level that keeps them and the public safe.'

The GPC has updated their practice training resource to reflect Care Quality Commission (CQC) and NHSE expectations on safeguarding training: <https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/practice-staff-training-resource>

**Public Accounts Committee (PAC) Report on NHS Property Services (NHSPS)**

PAC has published its report, concluding that NHSPS ‘was set up to fail’, and that the Department of Health and Social Care (DHSC) is not setting a course of action to address the issue but are leaving others to find a solution:

<https://publications.parliament.uk/pa/cm201920/cmselect/cmpubacc/200/200.pdf>

The report finds it is unacceptable that 70% of tenants do not have leases in place and urges DHSC to move towards a more transparent and equitable charging model with adequate funding in place.

In response the British Medical Association (BMA) issued a press statement saying “The PAC report into NHS Property Services highlights what the BMA has been saying for some time - the current model is not fit for purpose and never has been. Absurd or extortionate services charges are proving an impossible barrier to many agreeing new leases with the current system actively threatening the future of GP services in some parts of the country. Ultimately, this ridiculous situation means GPs are being forced to spend far too much time and effort trying to resolve these issues instead of caring for patients and is also discouraging many young doctors from becoming GP partners.” BMA guidance is clear that practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Practices cannot be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. Practices should be mindful that the BMA is proceeding with legal action to address historical charges and should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.

**National Patient Data Opt out**

From 11 October 2018 patients are no longer able to register a type 2 objection via a GP practice. This means that type 2 codes added to a patient’s record after this date will no longer be processed and your patient’s request to opt-out **will not** be applied**.** Patients who wish to opt-out must be advised that instead of setting a type 2 objection they should go to the ‘Your NHS Data Matters’ website ([www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)) where they can find out more about data sharing and set a national data opt-out.

The type 2 code will be removed by your GP system supplier, so in the future it will not be in the selection list when adding a READ/CTv3 code, but until this happens there may be a risk that a type 2 objection could be recorded against a patient record in error. As data controllers, you should take all measures possible to prevent this from happening, including ensuring practice clinicians and staff are aware they must stop recording the type 2 objection codes.

It should be noted that if a type 2 objection is set after 11 October and then the patient later learns that this has not been applied, then they may raise a complaint.

Further information can be found on Doncaster LMC website by following this link: <http://www.doncasterlmc.co.uk/data_opt_out.html>

**Roll-out of the Electronic Prescription Service (EPS)**

The Department of Health and Social Care recently announced the roll-out of EPS in England following work done in pilot areas. Phase 4 will be rolled out to all GP practices from Monday 18 November 2019, making EPS the default method for prescribing and dispensing in primary care in England: <https://digital.nhs.uk/services/electronic-prescription-service/phase-4/national-roll-out-schedule>

Further information about the implications for GP practices can be found at: <https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information>

 **“Surprise Question”**

Participants needed for research by University College London (UCL) looking at how the “Surprise Question” is used in practice by GPs. You will be asked to review 20 patient summaries. It will take no more than 30 minutes to complete. For participating, you have the option to receive feedback on your results in addition to a certificate of participation. For more details, see the website: <http://bit.ly/thesurprisestudy>

**Practices reminded of duty to register individuals leaving secure institutions before release**

NHS England has issued a reminder about the responsibilities of general practices to register individuals leaving prisons, young offender institutions, immigration removal centres and other secure facilities prior to their release. The [rules](https://www.england.nhs.uk/publication/process-for-registering-patients-prior-to-their-release-from-prison/) which are set out on page 64 of the 2017/18 GMS contract are intended to maintain continuity of care and support rehabilitation. CCGs are expected to police the new arrangements.

**Sessional GPs E-Newsletter: October / November 2019**

The Sessional GP e-newsletter(s) published can be found on the British Medical Association (BMA) website at:

<https://bma-mail.org.uk/t/JVX-6JPRS-1BJCJOU46E/cr.aspx>

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| * A workaround for annualisation.
 | * Flu immunisation for practice staff.
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| * STPs and ICSs: new guidance.
 | * GMC report highlights GP workload pressures.
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| * Report reveals serious underfunding of teaching medical students in general practice.
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**The Cameron Fund’s Work and Christmas Appeal**

The Cameron Funds aim is always to tailor support to an individual GP’s situation, so as well as providing financial help through grants or loans, a Trustee may visit an applicant to discuss their concerns in more detail. They often pay for an assessment from our Money Advisor who, with his expert knowledge, they suggest ways to improve a family’s financial situation in the short-term, and long-term debt management. They can also offer sessions with their Career Coach – anything to help a GP return to work and enable them to be in receipt of a sufficient income to cover their household expenditure.

The Cameron Fund depends on your generosity, as around 50% of their funds come from donations from LMCs and individual GPs. Without this stream of income, they would not be able to continue helping colleagues – those GPs and their families who find themselves in financial crisis, primarily through loss of earnings.

If you would like to consider giving your support to the fund they gladly accept donations made directly into the Fund’s account (CAF Bank: Sort Code 40 52 40, Account No. 00015215) or by cheque if you prefer.

Next year the Cameron Fund will be celebrating the 50th Anniversary and with your help they hope to continue to provide support for those in need through the next decade

## **LMC Buying Group Update**

Please see the new [approved supplier list](https://lmcbuyinggroups.us11.list-manage.com/track/click?u=ae8a08663d8d6e1465569f620&id=c833b05408&e=b100d60183)available to all practices, you just need to register.

Recruitment
The LMC Buying Group recruitment advertising platform has hosted 160 GP practice vacancies since launching last year and has provided greater exposure for adverts. THIS IS A FREE SERVICE and if you would like to use them when you are next recruiting clinical and non-clinical roles. You will need to upload a form, practices must login to their website, and upload the advert on their [recruitment](https://lmcbuyinggroups.us11.list-manage.com/track/click?u=ae8a08663d8d6e1465569f620&id=bfbd2717d2&e=b100d60183) page.

**Job Vacancies**

**Our monthly update is sent to all LMCS in the SY area.**

**We are happy to advertise any of your vacancies**

**For full details of these vacancies please see the separate attachment in our email**

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| Vacancy | Practice | Closing Date |
| Advanced Nurse Practitioner | **Edlington Practce** | **N/A** |
| Partner / Salaried GP | **The New Surgery** | **N/A** |
| Salaried GP | **AMP Group Practices** | **N/A** |
| Salaried GP | **West End Clinic** | **N/A** |
| Salaried GP | **White House Farm** | **N/A** |
| Partner/Salaried GP | **St Vincents Practice** | **N/A** |
| Advanced Nurse Practitioner/ Nurse | **The Ransome Practice** | **N/A** |
| Salaried GP | **The Mount Group Practice** | **N/A** |
| Advanced Nurse Practitioner | **The Mount Group Practice** | **N/A** |
| GP | **HM Prison & Ministry of Defence** | **N/A** |
| GP | **Lantum/GP Hubs** | **N/A** |
| Salaried GP | **Great North Medical Group** | **N/A** |
| Salaried GP |  **Tickhill & Colliery Medical Practice** | **N/A** |
| Salaried GP Full time/part time job share | **The Burns Practice** |  |
| First Contact Practitioner | **The Nayar Practice** |  |
| ANP  | **Saint Vincent’s Practice** | **N/A** |

**Monthly Update**

**MONTHLY REMINDER TO ALL GPS THAT THE LMC OFFICERS ARE WILLING AND ABLE TO PROVIDE ADVICE AND SUPPORT (TOGETHER WITH REPRESENTATION, IF REQUIRED), TO ANY GP WHO MAY BE THE SUBJECT OF A COMPLAINT**

**Concerned about a colleague?**

NHS General Practice is under unprecedented pressure.  As such, we are all at risk of work related stress, burn out and depression.

Often, the symptoms of these are insidious and can be more obvious to those around us than to ourselves.

So, if you have concerns about a colleague and feel that they need our support, we’d like to hear from you.

Doncaster LMC has launched a confidential web based reporting tool where you can share your concerns about a colleague at risk of burnout and ask for our support.

[**http://www.doncasterlmc.co.uk/coleaguefbk.html**](http://www.doncasterlmc.co.uk/coleaguefbk.html)

This tool is designed to be supportive so that those identified can be helped by Doncaster LMC, signposted on to support services or be personally assisted through difficult times by officers of the committee.

We stress that the online tool must not be used for reporting safety concerns regarding a colleague’s clinical practice. Read more about the tool at:-

[**http://www.pulsetoday.co.uk/your-practice/battling-burnout/gps-given-chance-to-anonymously-raise-concerns-about-colleagues-burnout/20010472.article**](http://www.pulsetoday.co.uk/your-practice/battling-burnout/gps-given-chance-to-anonymously-raise-concerns-about-colleagues-burnout/20010472.article)

***All GPs on Doncaster Performers List (including medical students) are welcome to attend any LMC meeting as an observer. Please let the office know if you plan to attend.***

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| **Next LMC Meeting** |
| **When?** | **Monday February 3rd** |
| **Time?** | **7:00pm** |
| **Venue**? | **Doncaster Golf Club****DN4 7NY** |