

CLMC Bulletin 357 – 03.07.18

GDPR – Solicitors and charging fees for SARs

We are receiving many questions on GDPR and please do continue to raise these with us. We endeavour to answer as many as possible and where we are unable we are raising the questions nationally to try to shape discussions with the ICO. There is still a lot of confusion and unknowns around GDPR and requests so in many cases there is not a clear answer but we will do our best. We are attending a national training event around GDPR later in July so may have more clarity then!

In the meantime, one repeated topic is requests from solicitors and ability to charge. The BMA has provided this advice:

Following legal advice on the issue of solicitors charging a fee for SARs, we have updated our GDPR [guidance with an FAQ](#) which state:

Can we charge solicitors a fee for SARs?

Under GDPR, SARs are generally free of charge. Only if the SAR is considered to be 'manifestly unfounded' or 'excessive' can a 'reasonable' fee be charged. We don't yet know when the circumstances when the ICO might consider it appropriate to charge a reasonable fee – but, in the BMA's view, these circumstances are likely to be limited.

The updated [fees guidance](#) will also include additional information regarding the issue around what is regarded as 'excessive':

A 'reasonable fee' can be charged for SAR if the request is manifestly unfounded or excessive, however, these circumstances are likely to be rare. The GDPR does not provide more detail than this and as yet the ICO have not issued further guidance. We are in the process of seeking clarification from the ICO on what would constitute "manifestly unfounded or excessive" and will update this guidance once we have more details.

We are very much aware that these changes are causing serious concerns to our members and we are doing all we can to ensure doctors and their practices do not suffer under these changes. We continue to collate information to use in future planned discussions with Government.

Sexual Health Teesside – newsletter and event

Virgin Care have requested we send this [newsletter](#) to as many people as possible. Apologies if you have already received this via other sources. Additional, they have made us aware of an [event](#) being held on Saturday 7 July at which there are still places which can be booked via this [form](#).

Reimbursement for Locum Cover for Sickness

Following several requests from GPs and LMCs for clarification around reimbursement for locum cover for sickness, NHS England has confirmed to GPC England that where a GP is signed off sick as part of a phased return then the SFE entitles the practice to locum reimbursement where the requirements under the SFE are met. Where a GP is not signed off sick but has agreed a phased return or does not meet the requirements of the SFE, this would be a discretionary matter. Practices are encouraged to quote this clarification from the Head of Primary Care Commissioning (Medical Services) if they are having problems with this issue when liaising with their CCG.

NICE Guidelines on Hearing Loss

New [NICE guidelines on hearing loss](#) has been published recommending that practices should provide earwax removal services rather than referring patients to specialists. GPC prescribing lead, Dr Andrew Green, commented that "the guidance places no obligation on GPs to provide this service unless contracted to do so, and suggested CCGs must commission this service separately. NICE is responsible for clinical guidance but have nothing to do with commissioning services which are the responsibility of CCGs. The fact that NICE recommends something as suitable for primary care places no obligations on GPs to provide this service unless contracted to do so."

Focus on Quality Indicators

The GPC has published a [Focus on quality indicators](#) briefing to provide background and context in preparation for the forthcoming negotiations on the Quality and Outcomes Framework (QOF) and the potential changes following the current QOF review, led by NHS England. The review brought together key stakeholders to analyse current evidence and other incentive schemes, with the intention of delivering proposals on the future of QOF.

The GPC has highlighted, and NHS England agrees, that a significant proportion of QOF funding is core income for practices and is an essential resource used for the employment of practice staff, and is already committed to delivering important practice activities. The briefing can be accessed on the [GPC activities page](#) and [QOF guidance page](#).

Update on Diamorphine Supply Issue

Following reports of a diamorphine supply issue last month, the Department of Health and Social Care (DHSC) and NHS England (NHSE) have been working with Accord and their supplier in Germany, and the manufacture of diamorphine 5mg and 10mg injection will soon resume with an anticipated resupply date of beginning of September 2018. DHSC and NHSE have also been working with the remaining supplier, Wockhardt, which has been able to increase the production of diamorphine 5mg and 10mg but are unable to support the entire market in July and August. A management plan has been developed to manage the supply issue during July and August 2018. From 1st July 2018 primary care and drug misuse centres can continue to order diamorphine in line with historical demand whilst secondary care will have access to restricted supplies of diamorphine.

Recommended Local Action- Primary care and drug misuse centres:

- Although diamorphine will be accessible as per historical demand, the DHSC is encouraging prescribers to be aware of the supply issues and reduce prescribing where appropriate
- Please order responsibly during this time, in line with historical demand and do not stock pile to avoid lengthening the stock out period.
- In the case that diamorphine cannot be accessed, please refer to the [clinical guidance issued by UKMI](#) which provides more information on suggested alternatives to diamorphine (the first-choice is morphine). If you require clinical guidance locally, please liaise with secondary care prescribing partners in substance misuse services or pain specialist services
- Further information in the [Patient Safety Alert on high dose morphine and diamorphine](#)

Distribution Arrangements (From 1st July):

- Diamorphine 5mg and 10mg will only be available to order from Alliance. No minimum surcharges will be levied
- Morphine 10mg injection (Martindale) available to order from AAH only.
- Diamorphine 30mg injection (Wockhardt), diamorphine 100mg (Accord) and diamorphine 500mg (Accord and Wockhardt) – usual wholesalers.

For further information on ordering processes please contact **Alliance:** 0330 1000 448 / customerservice@alliance-healthcare.co.uk, or **AAH:** 0344 561 8899

This patient information [leaflet](#) has been developed by NHS England.

Revised PHE Hib/Men C PGD

This revised PHE Hib/MenC PGD template V03.00 (Gateway Number 2018057) will be available on the [Public Health England PGD template webpage](#) from July 2018, a link to which is also available on the [vaccs and imms webpage](#) on the BMA website. The previous template (V02.00) expires on the 31 July 2018 after which V03.00 should be used.

CQC Updates

- CQC fees – invoice issues
CQC has been made aware that a number of practices received duplicate copies of invoices when the original invoices were sent out by NHS SBS, its outsourced financial services provider. CQC have confirmed with SBS that this was caused by an administrative (printing) error. CQC expects SBS to write to all practices affected to confirm they only need to pay one invoice and to offer an apology.

- CQC – Provider Information Collection (PIC) and routine inspections
CQC has also reviewed progress on the development of the GP Provider Information Collection (PIC) tool and the associated Annual Regulatory Review (ARR) process. They have decided that more time is needed to ensure that the whole process and digital solution is right and there is sufficient time for inspectors and practices together to test the end-to-end process before it goes live, and GP PIC will be launched on 1 April 2019. This will have a knock-on effect on routine focused inspections of good and outstanding practices, which will now commence in the middle of Quarter 1 2019. CQC believes this is the least disruptive option and by choosing to further test and refine the system, they have made a positive decision not to introduce a new approach before it is fully ready for both practices and inspectors. Inspections of good and outstanding practices where information and intelligence suggests there is a risk to patients will continue as normal.
- CQC - GP Improvement
Leadership, communication and collaboration are among the key drivers of improvement for ten GP practices featured in a new CQC report, '[Driving improvement: Case studies from 10 GP practices](#)', which draws on interviews with a broad group of staff from ten practices – nine of which were originally rated as inadequate and, through dedicated effort, improved to an overall rating of good on their last inspection. The tenth practice improved from a rating of requires improvement to outstanding.

Tier 2 Visa Caps for Overseas Doctors

We all welcome the change in position of the Home Office that overseas doctors and nurses will be removed from the Tier 2 visa cap. This arbitrary cap prevented thousands of non-EEA doctors from taking up jobs in the UK, placing additional pressure on existing staff as they seek to provide clinical cover and deliver patient care, as well as increasing temporary staffing costs for the NHS.

Responding to this, Dr Chaand Nagpaul, BMA council chair commented “it will be welcome relief to doctors and patients, who have witnessed first-hand the damage that this policy has caused.

Removing doctors and nurses from the Tier-2 cap would represent a huge victory for common sense and for the BMA, which has long-campaigned for the restriction to be reviewed.”

Out of Hours Recruitment Supplement Affecting GP Trainees

We have been made aware that in some areas employers are misinterpreting a clause in the previous junior doctors' contract which is resulting in some GP trainees not being paid for out of hours (OOH) work. On the previous contract of 2002, there was a 45% recruitment supplement, which was introduced to provide parity for wages between GP and hospital trainees. Confusion has arisen due to a common misconception that the 45% supplement was 'banding' for OOH work, and that GP trainees that transitioned onto the new junior doctors' contract half way through the year (such as academic and less than full time (LTFT) GP trainees) were paid for their OOH shifts in advance through the supplement. GPC believe this is clearly a misinterpretation of the previous contract and their view is supported by some employers.

Any remaining OOH shifts that are needed to make up their 72 hours of OOH work after transitioning should fall under the arrangements of the new contract, the main difference being that trainees should receive time off in lieu (TOIL) for these. This issue has been highlighted to some employers and this interpretation has been agreed.

GPC recommend that any GP trainee affected by this should exception report in the usual way to enable them to receive the time off in lieu that is owed and if necessary contact the BMA if they have difficulty claiming back time earned (follow this [link](#)).

Supporting Doctors Who Want to Retrain as GPs

Health Education England has received an increase in the number of enquiries from doctors who are considering retraining as a GP. There are [some case studies](#) and [FAQs](#) on the GP National Recruitment Office (GP NRO) website – please share this with anyone who may be interested in switching career and considering re-training as a GP. The final specialty training application adverts for this year will appear on NHS Jobs, Oriel and Universal Job Match websites on the 19 July with applications open 31 July – 17 August 2018. If you would like to be put in contact with a GP who has gone through the re-training programme or to find out more information from a pool of local experts, please email gprecruitment@hee.nhs.uk. For further information please go to the [GP NRO website](#)

Innovative Models of General Practice, Kings Fund Report

The King's Fund has published a new report this week, [Innovative models of general practice](#). It looks at models of general practice from the UK and other countries and identifies key design features they believe will be important in designing effective GP services in the future. Much of it echoes what GPC have called for in *Saving General Practice*. You may find this brief [summary](#) of the report and recommendations useful.

Integrated Care System BMA Webinar Recording

You can watch the BMA's webinar to learn more about what Integrated Care Systems are, and what they could mean for doctors, [here](#).