

CLMC Bulletin 340 – 19.12.17

GDPR

The General Data Protection Regulations (GDPR) will come into force on 25 May 2018 and those who attended the CLMC event on 6 December will now be aware of the requirements and implications for practices. This causes many of us concern and GPC have been in discussions with NHS England about the ramifications of the regulations. NHS E are producing guidance but have advised this will not be published until the end of February at the earliest. The GPC are in the process of finalising their own comprehensive guidance which will be ready in January. Following our data sharing event, attendees have requested further training on GDPR from the key speaker. CLMC will look to try to organise something for practices but suggest that April may be the best time bearing in mind capacity pressures over winter/end of year and the need for greater clarity in the Regulations/guidance. We will keep you posted with any proposals; in the meantime, GPC have provided this interim update:

- Practices should already have data protection policies and procedures in place; under the GPDR they 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 GPDR it will be a requirement to have an audit/record to state the above, which can be provided to the ICO upon request (e.g. 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 GPDR they 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 (i.e. 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 under the DPA: which you can read [here](#).

Primary Care Workforce

In the health and care workforce strategy [consultation document](#) published by Health Education England, it was openly acknowledged that the headcount number of GPs working in general practice has now fallen below 2012 levels. These numbers were confirmed in a report by NHS Digital in September 2017. This increasing decline in the GP workforce confirms the urgent actions highlighted in the GPC's publication *Saving General Practice* which sets out the precise steps government must take to establish a long-term workforce strategy that is recurrently funded and promotes genuine expansion of the workforce team that works both in and around practices. These actions include:

- Retention schemes for GP partners
- Establishing a national definition for multi-disciplinary locality teams working to support general practice, with built in flexibility for different localities
- Providing direct access to community physiotherapy schemes for every practice
- Secure recurrent funding for pharmacists for every practice
- Fund an expansion of community nursing services aimed to directly support general practice

- Increase funding and decrease bureaucracy for the GP returners scheme, and ensure accessibility for GP partners

To read more about our workforce actions in 'Saving General practice' please click [here](#).

NHS e-Referral Roll Out

You will be aware that the roll out in our area is to take place 1 March and as we have mentioned in previous bulletins, CLMC are in discussions with NHS Digital with regard to this. Our discussion to date have been positive and whilst NHS Digital are unable to move on the date they are offering to support practices with resources prior to the roll out to assist, working with us to ensure:

- the service is fit for purpose for use in general practice
- does not shift workload from secondary care to general practice
- does not create new workload for general practice
- there is a contingency plan in place if the system fails
- appropriate bandwidth so systems operate smoothly and reliably
- resources for local training and implementation are considered
- referral pathways are not developed without GP involvement, and particularly the LMC
- that appropriate referrals received by the hospital through a non e-RS route should not be rejected but processed internally and that hospitals should take this opportunity to reply to the referring GP before making any agreement to the roll out.

GPC are currently in ongoing discussions with the national e-RS team and have highlighted many of the issues that they believe need to be resolved to make the system fully operational. We will also continue with local discussions and encourage you to provide any information that may assist with this.

It would be incredibly helpful if practices could commit to a week where they wholly utilise e-referrals for a test week in order to highlight any concerns/issues/barriers to utilisation of this system. Once we understand these barriers within individual practices we can try to ensure the NHS Digital resource is directed to resolve this. The initial data received is that usage is patchy within individual practices (varying from GP to GP) as well as across the Tees area. If we can understand the barriers for individual GPs as well as practices, again, we can direct the resource/training in this direction.

E-referral is happening so it makes sense for us to utilise the resource that will be available leading up to our roll out date to make this as effective and beneficial as possible. We will continue the discussions to get the best possible outcome for practices and will keep you updated.

CHP and NHS PS Update

GPC have provided an update on the issues with NHSPS (NHS Property Services) and CHP (Community Health Partnerships).

GPC have issued a [freedom of information request](#) to NHSPS and CHP to extract central information over their charging policy with a view to fully understanding why many practices are receiving invoices which appear to bear no resemblance to services used. The request issued to CHP is being progressed and GPC hope to be able to report on findings early in the New Year.

The request issued to NHSPS did generate a response from NHSPS but unfortunately there is ambiguity in some of the information provided which GPC are clarifying. As soon as this ambiguity has been clarified, which again is expected in January, we will be able to update you on findings.

In the interim, GPC have received details that practices may receive a letter (again) demanding payment of outstanding invoices. If you receive this letter and continue to have concerns over the basis and level of the service charges incurred, we recommend that you respond asking NHSPS to provide some fundamental and indeed reasonable details; namely

- (i) details of the specific legal basis upon which they believe the charges are payable, with reference to the terms of occupancy of the premises;
- (ii) details and/or evidence to prove that the charges reflect the services used by the practice or in connection with their specific building; and

(iii) in so far as not answered by (i) and (ii), and to the extent relevant, a detailed explanation of why the practice is being asked to pay increased service charges compared to previous years.

We are aware that this issue has been going on for a while and the distress and uncertainty it is causing practices. In response, GPC are escalating matters quickly with a view to bringing this issue to a sensible resolution. Please see further information and guidance - <https://www.bma.org.uk/advice/employment/gp-practices/premises/support-with-chp-and-nhsps-issues>.

GPC appreciate your continued engagement with this issue, which will have a direct impact on the final outcome.

GP Coaching

We remind you of details circulated last week with regard to NHS England offering fully funded one-to-one tailored coaching for GPs. The coaching offers three 90-minute confidential sessions by highly experienced and qualified coaches to help you think through where you are and where you want to be in today's changing environment. This programme is aimed to help you identify goals for the next steps that can give you satisfaction and fulfilment, and support you to make them happen. The individual coaching will look to support you by meeting the following objectives:

- Create time and space to stand back and think in a confidential environment
- Gain personal insight to help you make decisions
- Improve understanding of options available to you to move forward
- Increase resilience
- Learn powerful models and techniques to help achieve your goals
- Feel better equipped to move forward with confidence

Availability is limited and will be allocated on a first-come-first-serve basis by 31 January 2018. To register, please click [here](#).

GPC GP Weekly Bulletin

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GPC GP Trainee Newsletter

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