

## CLMC Bulletin 353 – 17.04.18

### Continuing Health Care, Fast Track Requests

There has been a great increase in the number of Fast Track requests received by GPs in relation to Continuing Health Care (CHC) which reflects a pattern of increasing requests across the board (in January alone there were 100 in ST CCG, normal levels are 1 – 2 per month). ST CCG confirmed at the March CLMC meeting that GPs DO NOT need to complete fast track requests; indeed they should be declining to do so. There is a system in place where these requests are considered by the CHC team so they should never need to go to a GP. If they are received, please DECLINE and advise they requestor send this to the CHC team following the correct process.

### Out of Area Patient Care/Temporary Residents/Patient Registration

Following a number of questions across the patch we would like to remind practices of the duty of care to patients/patient registration requirements particularly when a patient moves to a different practice area.

If a patient moves beyond your boundary (be it simply moving house or moving in to a care home) you are entitled to advise the patient they may no longer be registered with you and need to seek and alternative GP. You can then commence the process to remove them from your list citing the reason of move of address. You do not have any obligation to carry out a home visit at their new address if it is outside your practice boundary (so long as you have not accepted the new address as their registered address in your records). The onus is on the patient to find an alternative practice. If a home visit or immediate and necessary care is required prior to registering with a new GP it may be appropriate for the patient to be seen as a temporary resident until they are registered with a practice but this is not a long term solution and only covers immediate and necessary care.

Practices should not decline temporary resident requests unless they have reasonable grounds for doing so. In any case, immediate and necessary treatment should be provided or direction to a suitable alternative – though the responsibility remains with the practice at where the patient originally presented unless an alternative provider accepts and provides care.

When a practice takes receipt of a GMS1 patient registration form the patient is then registered with that practice irrespective of the time it takes to carry out the internal processing/entering the patient on the system. Equally, if an appointment is made for a new patient check and the patient is advised to bring the form to that check, the patient is still deemed to be registered with eth practice given an appointment has been made and the practice has no grounds to decline based on the outcome of the appointment. If you have accepted the GMS1 form OR made an appointment for a patient you have accepted them as a registered patient or a temporary resident and, as such, assume responsibility for their care.

If you have any questions, contact [janice.foster@nhs.net](mailto:janice.foster@nhs.net)

### GDPR

As you are aware, CLMC has organised 4 workshops for practices to learn more about GDPR. The workshops allow 2 people per practice to learn more about GDPR and are free of charge thanks to part funding by both CCGs. Currently the Act is still making its way through Parliament and we understand there have been over 100 amendment/clarification requests issued by the ICO alone. We hope there will be more clarity for the workshops but in the absence of this we do need to start to understand the implication as this will come into force on 25 May 2018.

In preparation for the workshops, please take a little time to look at the helpful guidance the GPC have developed. GPC IT lead Paul Cundy has invested a lot of time in developing a blog in which he has tried to collate the key points in plain English and has helpfully shared in one [drop box](#). GPC has also opened a [hub page](#) and NHS Digital has shared some [guidance](#). All may change dependent upon the final Act but it is important to familiarise yourself with this key change in data handling requirements.

### **Annualising Pensions**

The issue of 'annualising' income earned by GPs was introduced into the Career Average Revalued Earnings (CARE) NHS Pension Scheme Regulations in April 2015. The GPC disagree with the way NHS pensions have interpreted the regulations and the manner in which they have revised their guidance. They are now seeking further clarification from the DHSC and NHSBSA in order to formulate a view. More information can be found [here](#) and in a [blog](#) by Krishan Aggarwal, deputy chair of the sessional subcommittee.

### **Reimbursement for Phased Return to Work**

NHS England has confirmed that practices must be reimbursed under the SFE for cover for GPs on phased return for sickness. Reimbursement should include the cost of cover for all the sessions (up to the weekly ceiling) for which the GP is still absent, to maintain the normal GP cover. NHE England local teams should now be talking with CCGs where issues have been raised to rectify any misinterpretation of the SFE.

### **Annual Flu Letter**

The [annual flu letter](#) released by DHSC, NHSE and PHE, provides information about which patients and children are eligible for vaccination in the flu immunisation programme for 2018/19. This was followed by a [letter](#) and accompanying [FAQs](#) from NHS England asking GPs to ensure their flu vaccine orders for the 2018/19 season use the most effective vaccines for the population – following the announcement of aTIV being more appropriate for all 65s and over, with QIV remaining most appropriate for 18-65 year olds.

You may have already considered this information as it is not new but we have been receiving some questions so send this as a reminder. These FAQs include important information including there will be a phased approach (across September, October and November) for delivery of aTIV, and that aTIV will be supplied in a different presentation (pre-filled syringes with separate needle, rather than the usual pre-filled syringes with needle attached).

### **Shingles Immunisation Programme**

Practices can now offer the shingles vaccine opportunistically to patients **throughout the year** as they become of eligible age. This [letter](#) from PHE and NHSE and an interesting [research paper](#) regarding the evaluation of the programme not only suggests a reduction in clinical cases but also an impact on GP consultations. Evidence from the early implementation of this programme shows that there has been approximately 17,000 fewer herpes zoster episodes and 3,300 fewer episodes of post-herpetic neuralgia amongst the 5.5 million individuals targeted for vaccination in the first 3 years of the programme.

### **HPV PGDs**

The [PGD template \(v02.00\) for HPV vaccine for adolescent females](#) has been published. This template supports the administration of HPV vaccine to girls from 12 years of age or from school year 8 in accordance with the national immunisation programme, and is valid from 1 May 2018 to 30 April 2020.

[The PGD for men \(MSM\)](#) has also been published, although this is not for General Practice but for vaccination of MSM through Specialist Sexual Health Services and HIV clinics. The operational guidance is available [here](#).

All PGD templates are available on the [Public Health England website](#), and a link to this page is available on the BMA [vaccs and imms webpage](#).

### **CQC Fees for Registered Providers**

The Care Quality Commission (CQC) have written to practices regarding the confirmed fee changes which are now published on their [website](#). We would just like to remind practices that these fees are fully reimbursable, a contractual change negotiated last year and written into the SFEs.

### **Updated Indemnity Information**

This [updated briefing note](#) on the indemnity payment provides examples of how practices should allocate payment to its GPs which is equitable and proportional based on their circumstances. GPC have also provided a [template letter](#) for salaried GPs to request confirmation of the amount they will be receiving. More details can be found [here](#).

### **Voting for GPC Prison GP Representative**

GPC are seeking a new GPC representative for GPs working in prisons. The successful candidate will serve for three years from July 2018. To vote in this election, you must be a GP providing NHS primary medical services in prisons and other secure environments. Voting takes place online and will close at **12pm Monday 23 April**. Vote [here](#)

Find out more about the BMA's online election system [here](#). If you have any questions about the election process, or you are having difficulty accessing the election, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk). If you cannot view the election and you wish to be given access to the election to vote contact the above address and:

- Clearly state you are a GP providing NHS primary medical services in prisons and other secure environments
- Give your BMA ID number