

Delay in roll-out of patient data sharing programme (GDPR) for England

This is a moving area of work and legal advice is being sought. Please look out for CLMC updates as advice becomes clearer; there are concerns about public awareness and practice, data controller, responsibilities

Hot off the press: Health Minister Jo Churchill MP advised the House of Commons today, in response to an oral question from Robert Langan MP, Conservative MP for High Peak, that the GPDfPR programme implementation date has been moved back to 1 September 2021 to allow “more time to talk to patients, Drs, and other stakeholders”. You can see and hear the [question and answer here](#)

The BMA issued a [press release](#) calling on NHS Digital and the Government to delay the introduction of its new data extraction programme until patients and the public have had time to be aware of and understand it and are better able to choose to opt-out if they wish.

On the current timescale, patients have until 23 June to opt-out of their coded health data being extracted from GP systems by NHS Digital through daily extracts from 1 July, replacing the current GPES arrangements for planning and research purposes. Patients can continue to register Type-1 opt outs at any given point in time after this, however once the first extraction has commenced, this will not erase any data held by NHS Digital that has already been shared. GPC have met with NHS Digital to express their concern that this timeline is far too short and that NHSD have not yet transparently and actively engaged the public in increasing awareness of the GDPR (General Practice Data for Planning and Research) programme since its announcement in early May. Just last week GPC wrote a joint letter with the RCGP to NHS Digital urging for improved communication with the public.

In the press statement BMA GP committee executive team member and IT lead Dr Farah Jameel said, “Everyone deserves to know what happens to their healthcare data, and throughout our discussions with NHS Digital about this programme, we have stressed the importance of clear communication with the public. People need to fully understand what this programme means and crucially, how to opt-out of their data being shared, if this is what they want to do. However, recent weeks have shown that communication from NHS Digital to the public has been completely inadequate, causing confusion for patients and GPs alike. Family doctors have a duty to their patients, and have their best interest at heart – so are understandably hesitant to comply with something that patients may know nothing about and that they themselves do not fully understand, even if this is a legal requirement.

With less than four weeks until the programme gets fully underway it’s clear that the timeline needs a hard reset. NHS Digital and the Government must postpone the date of the first ‘extraction’ of data – scheduled for 1st July – until such time as the public are in full possession of the facts and are able to make a fully informed decision about what happens to their data. Unclear messaging and a complete failure to develop a wide ranging and far-reaching public engagement plan to communicate with the population, has resulted in a completely unrealistic expectation that GPs are left to communicate these complex changes. Rushing through such fundamental changes to confidential healthcare data, losing the confidence of the public and the profession, will severely undermine the programme and threaten any potential benefits it can bring to healthcare planning and research.

Drawing insights from health-related data is vital for health service planning, and is a crucial way to monitor public health, organise local services and look at population-level health needs. Whilst the BMA has been engaged during the development of this programme, our emphasis has always been on advocating on behalf of the profession and patients. We will continue to hold NHS Digital to account, to ensure that there are appropriate safeguards in place as to how the data collected is used, and that the views of the profession are represented in all discussions pertaining to patient data.” The full statement can be found [here](#).

Deadline approaching for EU settlement scheme

The deadline of 30 June for applications to be made to the EUSS (EU settlement scheme) is rapidly approaching. If you are currently in the UK and arrived before 31 December 2020, you must apply before that date. It is free of charge, and by applying and being granted pre-settled or settled status, you will secure your rights to continue living and working in the UK. In addition, an application must be made for every eligible child within your family. If you and your family members have lived in the UK for many years, have a permanent residence document or EEA biometric residence card, you still need to apply to the EUSS (or apply for British citizenship) by 30 June to secure your existing rights in the UK.

[Check your immigration status here. Apply now](#)

Spirometry

NHS England have suggested that spirometry services should be restored. [This guidance document](#) comprises information from the Association for Respiratory Technology and Physiology (ARTP) and the Primary Care Respiratory Society (PCRS). It was developed from a task and finish group established by NHS England's Clinical Policy.

GPC guidance for [spirometry in general practice](#) remains unchanged. We believe this important diagnostic and monitoring tool should be properly commissioned and sufficient capacity should be made available for practices to be able to access this for their patients. NHS commissioners in many areas are failing to make this service fully available and must do more to support accurate diagnosis of both asthma and COPD. There is no contractual obligation for practices to do this themselves, and with the current infection protection and control restrictions still in place it is not practical for most practices to set aside treatment rooms to be able to complete this.

New PCSE GP pay and pensions portal

On 1 June, new GP pay and pensions system launched. Ahead of this many GPs received automated emails from PCSE informing them that they had been given full access to the system. The emails gave access rights based on the recipient being a GP principal, a salaried GP, a locum and a portfolio GP. Unsurprisingly this created a lot of unnecessary confusion.

PCSE sent a follow up email to those recipients explaining that the allocation to all roles was to ensure that GPs can access all aspects of the new service, including historic pensions data. They added that the receipt of these emails did not mean that their status on the performers list had been changed.

Whilst the clarification was helpful, GPC were not informed of PCSE's plan to send these emails. It has also become apparent that there are many GPs who have not yet received these emails. PCSE advise that these GPs will receive a single email, in place of the four, by the end of this week.

GPs and practices should log on and confirm they have access to the system. The new system should give access to data that many GPs have not seen before. Navigating the system and becoming familiar with terminology is a challenge and some areas of the portal will only be relevant to certain types of GP.

[Read the user guides and other resources for the new system here.](#)

GPC expect there to be data gaps and PCSE say it has additional resources to meet the anticipated demand. Any issues should be [raised with PCSE](#). Your pension data must be correct and complete, so do log on and check. The BMA will be monitoring both the pension and practice payment aspects very closely.

TNA (Trainee Nursing Associate) information webinars

Monday 28th June 10.30-12 noon and Wednesday 7th July 1-2.30pm

Both webinars are identical and will:

- Explain the role of the nursing associate including hearing from a nursing associate currently working in practice.
- Discuss the training involved to become a nursing associate.
- Discuss funding.
- Provide further information on the practical next steps for employers and individuals who would like to pursue a trainee nursing associate programme.

In addition to the TNA role being added to the ARRS in October 2020, funding has been announced for any trainees starting on programme between April 2021 and end of March 2022 as follows:

Standard offer - a total funding of £8,000 over two years (£4,000 per year) per TNA

or

Learning Disability offer - for TNA that are working at least 50% of their practice time within a Learning Disability field /With LD clients will receive total funding of £15,800 over two years (£7,900 per year) per TNA.

If you would be interested in attending, please complete the short form on the link below:

[CLICK LINK TO COMPLETE REGISTRATION FORM](#)

GP partners and practice managers sought for research on locum doctors

Manchester University, funded by the Institute for Health Policy and Organisation, is conducting research exploring how temporary or locum doctors work in the NHS, what they do, how their work is organised, and what effects that might have on the quality and safety of healthcare for patients. They aim to find ways to improve the working arrangements for locum doctors.

[Find out more information, including how to take part](#)

NHS cervical screening management system to be introduced on 30 October

NHS Digital has been commissioned by NHSX to develop and implement a new IT system, which they say will be simpler and easier to use. It will replace the current call/recall IT system for cervical screening, which sits on the National Health Application and Infrastructure Services platform. As a first step in the transition to the new system, NHS Digital will be working closely with local IT teams and registration authorities for providers to ensure readiness. We will keep you updated on developments.

Mask Exemptions for airline passengers in relation to COVID-19

GPC have received some reports of airlines asking for medical evidence to support mask exemptions for passengers. The response to these requests is that Government guidance clearly states that there is no requirement to have written evidence for an exemption for face covering rules and that people do not need to ask for proof from a doctor. GPC have stated in response to such queries that this is exactly the kind of activity that hardworking staff should not be distracted by while doing their utmost to care for ill patients, and practices are not obliged to undertake it.

Mental health and wellbeing – looking after you and your practice team

GP appraisal leads and GP tutors offer of telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email di.jelley@nhs.net

Crisis Coaching & Mentoring: [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

CLMC continue to offer [wellbeing services via Validium](#) for **ALL working in general practice within Tees** (including locums). We understand that a number of staff have accessed this confidential service and it has been well received.

The BMA now offers face-to-face counselling, in addition to their [existing wellbeing services](#). For the next six months, you can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions, provided by the BMA's existing accredited provider Health Assured, through a grant from the [CHSA](#). Call 0330 123 1245 today or [visit the website](#) for more information. Access the [BMA's COVID-19 wellbeing pages](#) and the [BMA wellbeing twitter page](#)

The BMA's [report on the mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future. The BMA continues to offer [wellbeing services and confidential 24/7 counselling and peer support for all doctors and medical students](#), as well as their partners and dependents, on 0330 123 1245. For hard copies of the [Wellbeing poster](#), please email wellbeingsupport@bma.org.uk

There is also a wealth of [NHSE provided support](#) available to you and your team including a **wellbeing support helpline**, a **24/7 text alternative**, **peer to peer, team and personal resilience support**, **free mindfulness apps** and the [#LookingAfterYouToo coaching offer](#).

NHSEI have recently developed a new [communications toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters. You can also follow this link [Primary Care Coaching – Link to Assets](#) to a range of resources, including social media assets, a video, PDF case studies and posters, website and email banners.

GPC GP Bulletin

Read the GP bulletin [here](#).