

CLMC Bulletin 356 – 05.06.18

GDPR – Important Update

We issued an important GDPR update by email earlier today (05/06/18) with regard to DPOs and a letter to CCGs – if you have not received this please contact janice.foster@nhs.net .

Additionally you may find this [guidance](#) relating to the Friends & Family Test and GDPR useful and the GPC have updated their [Access to Health Records Guidance](#) to now reflect GDPR.

As a reminder: the GDPR [hub page](#) in the BMA resources section and the [drop box](#) created by GPC IT lead Paul Cundy are also being regularly updated. We recommend you keep an eye on all these pages and if you have any questions about GDPR please contact Jackie.jameson@nhs.net.

Important Message – Corporate/Full Practice Indemnity

A practice manager has made us aware of a possible shortfall in some indemnity cover following a recent case in the North East. It is important that all practices double check their indemnity cover to ensure that they are protected for any claim that may be brought against them for the actions or omissions of their staff. This is particularly pertinent as we look at a more varied workforce, new ways of working and upskilling administration staff.

It is possible for a claim to be brought against a practice /partnership - GP partners can be jointly and severely liable for the acts and omissions of their staff. The extent of your indemnity provisions offered should be clearly set out in the organisation's policy documents and you need to check this.

The main MDOs usually provide additional or extended indemnity to cover these cases. Some MDOs also offer corporate indemnity which may be applicable for some partnerships/limited companies.

Unfortunately we cannot advise on the what is sufficient for traditional partnerships, as the level of cover will depend on what the partners wish to be indemnified for – while corporate membership may not be necessary because of the legal status of the partnership, cover for vicarious liability may be required and so should be discussed with the medical defense organisation. The GP partners should discuss with the defence organisation the full range of cover they wish to have and see if this can be provided – if not it may be that alternative providers, such as the other MDOs can offer this.

New National Data Opt - Out

NHS Digital has announced the introduction of a new national data opt-out and conversion of type 2 objections, enabling patients to make a choice about whether their data can be used for research and planning purposes. The type 2 objection means that a patient's confidential information should not be shared for purposes beyond their individual care. NHS Digital has written to practices to explain that they will automatically converting patients' existing type 2 objections to the new opt-out from 25 May 2018. Every patient aged 13 or over with a type 2 objection recorded will receive a personal letter after 29 May, explaining the change, and a handout explaining the national data opt-out. Patients will not have to take any action and this will not affect the way that their information is used.

Practices will not be able to see the national data opt-out in the patient's electronic record as they will be held on the NHS Spine and will not be updated in GP systems. The type 2 objection codes will still be available in GP systems after 25 May 2018 but must not be used from the 1 October 2018 as NHS Digital will no longer continue to process and convert them.

Some patients may also have a type 1 objection registered on their electronic record, which should continue to be respected. The type 1 objection prevents the sharing of a patient's personal confidential information held by the GP practice for purposes beyond the patient's individual care. It remains the responsibility of the practice to ensure these are applied where relevant, except for General Practice Extraction Service (GPES) collections where the type 1 objection will be applied automatically unless instructed to the contrary by Direction.

NHS Digital will be sending practices a pack of patient communication materials to help explain the changes, and have developed a checklist of actions that practices might want to take, available [here](#). [Please see this link](#) for more detailed questions and answers.

The statement around the 25 May deadline is aspirational, and non-contractual. GPs can still add the opt out codes to their records for patients. The codes will be picked up by NHS Digital and acted on. At the moment there are two ways to register, via the national portal phone and on-line and via GP surgeries as in the past. The new opt out is supposed to be active from October but they are planning to stop picking up codes from GP systems in September. The national portals do not allow for children to opt out. Opt outs registered on the national portals are not going to be back loaded to GP systems, so practices may have one opt out status in their system whilst the national PDS system may have the alternative.

Furthermore patients haven't been told. If a patient walks in and asks you to record the opt out you can either refer them to the national services, where it will be registered (but it will not update your system) or you can record it on your system, where it will be picked up and then update the national system. You choose which is the safest. The statement should read "we would prefer it if GPs no longer recorded op outs".

Diamorphine Supply Issue

The Department of Health and Social Care (DHSC) and NHS England have been made aware of a manufacturing issue from one of their suppliers of Diamorphine 5mg and 10mg injection. Recently Accord's plant in Germany experienced quality issues and the DHSC is working closely with them, regulators, and others to resolve these issues.

Based on current usage and remaining stock, there is the potential for supplies of Diamorphine 5mg to be depleted week commencing 4 June and diamorphine 10mg injection week commencing 11 June. Further supplies are currently expected the week commencing 28 June. The DHSC is working closely with the remaining supplier, Wockhardt, to secure further supplies for the UK market from July, and working with Accord to resolve the issues. They are also working with national clinical leads and specialists to discuss alternatives. The [UKMi has published this guidance](#) to support this supply issue.

The recommended alternative is morphine 10mg injection. NHS England's patient information [leaflet](#) to support this medicine supply issue.

NEAS Transport Booking Guidance

All practices should have received an email from NEAS around the 30 May with regard to a new service around arranging transport for patients.

NEAS provided this information:

Mathew Beattie, NEAS Medical Director, has developed a new model for urgent requests, where NEAS will collect greater information at the call stage to better reflect HCP's triage (using the NEWS score) so they can prioritise calls, responding to more poorly patients sooner, and using alternative forms of transport, where appropriate. NEAS advise they have been working closely with GP's in the region, as follows;

- NEAS have produced a [booking guide for GP practices](#), as well as a [booking checklist](#) for HCP's. 3 e-mails were sent to practices to engage with the project, and leaflets are now being sent to 355 practices across the region.
- Additionally 12 presentations have been given to practice manager networks in different CCG areas, 3 are still to take place. NEAS have organised additional sessions where requested. All presentations given by the Medical Director or a deputising clinician. There are odd areas where NEAS have not been able to organise a presentation yet, and NEAS are still working with contacts to slot these sessions in.
- A final e-mail has gone out to all practices 29 May highlighting a final electronic copy of the leaflet, a checklist NEAS have developed for GP's to complete for each call, to hand to their admin staff who speak to our call handlers. If GP's use this printable checklist, they will have

all the answers to questions they will be asked in the call. This e-mail also directs to the relevant section of the NEAS website <https://www.neas.nhs.uk/our-services/booking-urgent-transport.aspx>

- Post go live, NEAS will continue to welcome queries via e-mail and will survey practices to gain valuable feedback
- NEAS have developed detailed analysis tools to measure performance of urgent calls regionally, at a CCG level and at a practice level, showing type of calls requested (1 hour urgent, 1-2 hour and 4 hour), response times, proportion responded to by alternative means to a Double Crewed Ambulance, and NEWS score). This will enable NEAS to improve services offered, and share performance info with CCG's.

Should you need any further information, contact the project team at urgent@neas.nhs.uk

Hospital Contract Guidance – Onward Referral

New guidance [on onward referral](#) has been published. Changes to the contract in 2016 allowed for onward referral of patients by secondary care clinicians, in certain situations, rather than having to always require referral back to the GP. The guidance is designed to support doctors locally in applying the change appropriately.

As a reminder, new guidance was also published recently on the [responsibility for prescribing and principles for shared care](#). All guidance can be found on the [BMA website](#), including the [Quality First pages](#) with the [template letters](#) to support practices in reporting contract breaches.

We know that implementation of the contract measures is still very variable and we will continue to press for improvement. GPC are currently working with NHS England on a contract implementation toolkit for CCGs and locally CLMC is working with both CCGs to clarify the current local policies including C2C.

Medical Workforce in the UK

The BMA has published new data on the [Medical Workforce in the UK](#). Here you can find the numbers of doctors in the UK and each nation, the key trends over the past 10 years and the issues around the quality of available workforce data. The key trends in the primary care workforce are:

- In England, figures show a decrease in the number of FTE GPs of all types, over the past seven years, reflecting the crisis in the general practice workforce.
- There is lack of data on GP workforce in Scotland, Northern Ireland and Wales but it is likely that the situation is the same due to the on-going difficulties in recruitment and retention
- In England and Scotland, the number of salaried GPs is increasing while the number of partner GPs is decreasing.

GPC Newsletter

[Read](#) the latest GPC newsletter.