

## **CLMC Bulletin 372 – 18.12.18**

### **Pensions Update on Total Rewards Statement**

Pensions Total Rewards Statements were on 13 December 2018. The records should be updated to 31 March 2017. We have been informed that in order for the TRS statement to be updated, the records need to be sequential. Thus, if a previous year's records are missing, TRS cannot be updated beyond that. If your TRS is not up-to-date, it does not mean that your pension record is not. There are many reasons why your TRS may not be up-to-date and the independent pension expert currently contracted to look into PCSE's processes, PriceWaterCoopers(PwC), is carrying out an investigation to determine where gaps lie in members' records. We have been informed they will contact members if these are incomplete. This will hopefully help resolve them. A simple example would be that if you have added years, TRS will not be updated, in which case you can contact NHS pensions for a copy of your record.

BMA members can contact the BMA Pensions team who are picking up individual issues to try to resolve them sooner. Jackie at the CLMC office is also fielding a lot of queries so please do keep sending them through. Pensions are a national problem so we cannot promise to resolve problems but we can certainly escalate them. There will also be an additional escalation channel put in place in January. We will update on this when it is released.

### **CPRD and UK Bio Bank**

Some practices may recently have had communications about sharing their patient records with either or both UK BioBank and CPRD. Both are highly respected research organisations.

UK BioBank is a genomic study following a cohort of patients recruited up to 2010. On average each practice is likely to have 60 patients in the scheme. The entire patient record is shared. It is consent based. CPRD's approach is to link large health data sources and then provide extracts for researchers in an anonymous or pseudonymous form. It currently has records on 35 million patients. It operates under an exemption for the common law duty of confidentiality and, for GDPR, probably relies on the processing for 'research purposes' lawful basis (this is a non-consented lawful basis). The entire practice patient database, except those who have opted out, is shared. In both schemes they will be accessing the records via the practices GPsoc core clinical supplier.

As the data controller of the patients' records the practice has responsibilities under GDPR. Some of those responsibilities are clear and have already been communicated; updating Privacy Notices, Processing Registers and doing a DPIA (which must be done before any sharing takes place). Other aspects are not as clear because of the data controller / data processor relationships.

In addition, GP data controllers have responsibilities to ensure processing remains transparent whenever there is a change in data sharing arrangements. GPC are in the process of clarifying with the ICO if this places any additional responsibilities on practices and hope to be able to offer definitive advice soon. However in the meantime they recommend that practices do not agree to either scheme unless they are clear that they have fully complied with their GDPR responsibilities.

### **FluVaccine Take Up**

Public Health England is encouraging eligible patients who are yet to get vaccinated against flu to book an appointment as soon as possible after supply issues hit uptake. Last month the [Tripartite influenza letter](#) was issued and encouraged practices to now begin ordering the currently licensed vaccines. This is something practices should now be doing to avoid the problems seen this year.

### **Joint Guidance on e-RS**

GPC have published [joint guidance](#) with NHS England on the electronic Referral System (e-RS). Use of e-RS for practices is now a contractual requirement; the joint guidance provides information about its use and utility.

### **Capita Statement on Cervical Screening Correspondence**

Following the announcement last month about a delay in issuing cervical screening correspondence in 2018, Primary Care Support England (PCSE) conducted a review of correspondence prior to 2018 and found that 3,591 items of correspondence were not sent in 2017. Capita has written to all affected patients and their GPs, advising what action needs to be taken, and apologised to the patients affected. It was only a few weeks ago that it was revealed that almost 48,000 women had not received important correspondence relating to cervical screening this year due to Capita's failure, and this latest revelation shows this was not an isolated incident.

This is just the latest in a long line of failures since Capita took over a number of GP services in 2015, leaving practices and GPs with a wholly inadequate service, and yet NHS England have not demonstrated to the profession that they are serious at addressing what they are ultimately responsible for. GPC have repeated their demand that NHS England strip the company of its contract and return this service to an in-house delivered activity that can regain the confidence of practices and patients. Read the full GPC statement [here](#). Read Capita's statement [here](#).

### **Subject Access Requests to GP Practices Increase by 1/3 since GDPR**

The number of subject access requests (SARs) GP practices are receiving each month from patients and their representatives have increased by more than 30 per cent since the introduction of GDPR legislation, according to a survey of GPs that we did earlier this year. The survey of more than 1,500 GPs found that the average number of SARs went up from around 8 per month before May to 11 per month since GDPR was introduced. Please see the document below to read the full results.



BMA Subject Access  
Request Survey Resu

### **Ethics Guidance**

The BMA Ethics team has published new guidance, [Clinically-assisted nutrition and hydration \(CANH\) and adults who lack the capacity to consent: guidance for decision-making in England and Wales](#), in response to a number of legal developments which have altered how these decisions should be made. It provides the most up-to-date statement of your legal and professional obligations; sets out the decision-making process that should be followed; and provides practical guidance on approaching best interests assessments and second opinions. Further information and various training resources, can be accessed at [www.bma.org.uk/CANH](http://www.bma.org.uk/CANH). Please also see below a GP specific leaflet.



CANH information for  
GPs - A4 V2.pdf

### **GMC Explores Internationally-Based Doctors to Treat Patients in the UK**

The GMC is exploring whether doctors based overseas could treat patients in the NHS using new technology. In its [State of Medical Education and Practice report](#), the GMC said: "With advances and developments in technology and telemedicine, we are exploring how to maximise the longer-term potential for internationally based doctors to treat UK patients, with the same assurance on standards as when the care is provided by UK based doctors. Some developments in this area may require legislative reform."

### **NICE Antimicrobial Resistance Guidance**

NICE has published some guidance on antimicrobial resistance, which includes a chapter on prescribing antimicrobials in primary care. Read the guidance [here](#).

**Physician Associate Survey**

Health Education England (HEE) are evaluating their Physician Associate (PA) preceptorship programme for primary care, through three surveys (pre preceptorship programme, mid and post to be completed by the PA, clinical supervisor and practice manager). Upon completing the three evaluation surveys HEE plan to evaluate the effectiveness of this initiative and the preceptorship programme itself. If you have a PA training in your practice it would be useful to feed in your thoughts through the survey below. The final two surveys will be circulated by HEE in due course. Access the survey [here](#)

**GPC Newsletter**

Read the latest GPC UK newsletter [here](#)

**GPC Sessional GP Newsletter**

Read the latest Sessional GPs newsletter [here](#)