

CLMC Bulletin 522 – 25/10/22

Citizen access to records programme

The changes NHS England has planned are to be effective from 1 November and enable all patients over the age of 16 to automatically have prospective (future) access to all medical records held electronically in GP systems, including consultations, documents (sent and received), problem headings, lab results, immunisations and free text entries.

The BMA has published a [press release](#) concerning access to records and [BMA have circulated this guidance which includes:](#)

- Redaction – how and what to consider
- Clinical Safety concerns
- The legal background
- Summary of options

Possible options for TPP (SystemOne) and EMIS practices (and more than one option may be applicable):

1. Write to your system supplier (the Data Processor) before 31 October 2022 using its preferred contact email address (recordaccess@tpp-uk.com for TPP (SystemOne) practices and aapostpone@emishealth.com for EMIS practices) requesting, as Data Controller, that automatic access not be switched on. Note: A draft template is provided at the end.
2. Run a [focused search](#) and subsequently apply batch exemption coding to those patients identified through the search using SNOMED code 1364731000000104 (“Enhanced review indicated before granting access to own health record”).
3. Apply batch exemption coding for the full practice list using SNOMED code 1364731000000104 (“Enhanced review indicated before granting access to own health record”). Note: this will not revoke access to patients who already have online access but it will prevent any of those patients getting prospective (future) full record access if they do not already have it.

Crisis in general practice

The [Health and Social Care Committee report: *The future of general practice*](#) was published today. The report, which the BMA fed into by providing both written and oral evidence, highlights the crisis in general practice. We know that patients benefit from continuity of care, with the quality, strength and consistency of their relationship with their family doctor having a significant impact on their health outcomes.

Against a backdrop of a global healthcare workforce shortage, recruiting and retaining more GPs, funding more GP training places, targeting under-doctored areas, and empowering practices to recruit the right skill mix of professionals to care for the needs of their community by disabling current barriers are recommendations that must be acted on as a priority.

We have lost the equivalent of [1,850 fully-qualified, full-time GPs](#) since 2015, leading to more pressure and the greater likelihood that even more healthcare professionals will either reduce their hours or leave the NHS altogether. This comes with serious patient safety risks.

The report also reiterated that the punitive pensions taxation must urgently be addressed to tackle the chronic staff shortages in the NHS, asking the Government and NHS England to adopt the recommendations laid out [in its workforce report](#), something that the BMA has long been calling for.

Read the full [statement](#) in response to the report, by Farah Jameel, chair of GPC England.

The issue of GP pressures was also mentioned during a discussion on the [Government's health statement](#) last week in the House of Lords, referencing BMA surveys to highlight the increases in GP workload, including the excessive burden of administration, and the impact of government pushing for more appointments, without an increase in the GP workforce to support this. We will continue to brief MPs and peers over the coming weeks to highlight our concerns and recommendations for better supporting GPs, with the aim of pushing government to support our asks.

It is due to this crisis, that we are recommending that practices take action to preserve patient care and their own wellbeing, and our guidance on [Safe working in general practice](#) is designed to enable practices to make decisions as to how to prioritise care, and deprioritise certain aspects of their day to day activity, within the confines of the GMS contract.

We continue to look at other ways of supporting practices - please let us know if you have any feedback on how we can develop further tools to help practices: info.gpc@bma.org.uk

Survey on how inflation and energy costs are impacting your practice

We know GP practices across England are feeling the impact of inflation and high energy costs. Please complete our survey so that we can collect the evidence we need to advocate on your behalf.

The survey asks for a range of information relating to practice costs including energy, staffing and other expenses. It may be that your practice manager is best placed to complete the survey, and while we would encourage you (or your practice manager) to complete the whole survey, if you do not yet have the information, please still do complete the parts you can.

We need to hear from as many practices as possible to enable us to make a strong case to NHSE/I, DHSC and the government to seek solutions. Answer our short [survey](#) (closing 9am, 28 October).

Seasonal flu payments

As practices may be aware NHS England recently sent out a communication regarding issues identified with the September seasonal flu extracts, asking practices not to submit their vaccination data until further notice.

This relates to two separate issues with the Seasonal Flu and Childhood Flu extractions. Firstly, seasonal flu injectable vaccines pharmacy reference sets had not been updated to reflect changes to the list of seasonal flu vaccines for 2022/23 (as per the annual flu letter), so practices using only prescription codes to record flu vaccination (rather than an administration code or both together) will have lower than expected figures from the GPES extraction for September flu activity. This has been compounded by a second specific issue with TPP systems which meant the practice data extracted could be lower than the level of activity completed in September.

Consequently, NHS England is now advising that practices undertake the following steps:

1. *EMIS practices should check CQRS from Thursday 20 October and follow the usual declaration process.*
2. *Before the end of October TPP practices should compare expected September achievement, with the achievement on CQRS National. They should also check for any incorrect codes that may have been used*

and amend accordingly.

Where a generic vaccination administration code such as “Administration of first inactivated seasonal influenza vaccination” has been used on its own, or with a drug specific code, this will not affect achievement as the generic code will trigger payment. However, practices should ensure they have used the correct vaccine codes. Commissioners will be able to advise if practices are unsure.

- 3. Once the September and October extracts have completed, if satisfied that your September flu achievement is accurate, ‘declare your achievement’ in CQRS National. Do not do this unless you are sure as once achievement is accepted by your commissioner, adjustments cannot be made within CQRS National and if a re-extraction of data takes place, the systems will not be able to overwrite the approved data in CQRS National.*

OR

- 4. If a discrepancy is identified, confirm with your commissioner in the first instance that there is an issue. Ensure that you have checked your coding is in line with the table below. The commissioner and the practice will then need to agree the most suitable course of action.*

If practices need further details on these issues, or have concerns regarding cash due to delayed payments, they should contact their local commissioner, who will be able to assist.

Letter from GP for travel with medication

It has been brought to our attention that some [airlines](#) are advising travellers bringing medication in their hand luggage, should bring a letter from their medical practitioner confirming the type of medication and what it is for.

We have raised this issue with the airline, who advised that if a passenger packs their medication in their hold luggage, they do not require any of their medical information. However, if a passenger seeks to carry their essential medication in their cabin luggage, and the form of the medication contravenes aviation regulations e.g., the use of sharps, liquids more than 100ml or oxygen cylinders, they require the passenger to produce confirmation from their healthcare practitioner that the medication is necessary to be carried as it may be required on board.

However, as the advice on [their website](#) is not clear on this point as it *advises passengers to take their medication in their hand luggage, and it does not specify which sort of medication requires a letter*, we have written to the airline again asking for their webpage to be updated on this point.

Practices may choose to do this private work but are not obliged to do so. Practices should advise patients that they can print off their medical record from the NHS app, or alternatively, practices are able to charge for travel-related requests for information.

PCN DES opt out window

As mentioned in the last newsletter, at the end of September NHS England [published a letter](#) outlining support for practices and PCNs. This includes changes to the ARRS (including changes to reimbursement rates to reflect the Agenda for Change pay award and the introduction of ‘GP Assistants’ and PCN Digital Leads’), removal/postponement of some IIF indicators, and a new PCN ‘capacity and access support payment’, funded from the reduced IIF indicators.

As these changes have been introduced by NHSE in-year, an opt-out window for the PCN DES has been triggered open until 31 October. Within this opt-out window, practices can choose to opt-out of the DES without risking a breach of contract. We have developed [this guidance](#) as a primer to support practices that are considering opting out of the DES.

We would advise practices to read the guidance and consult with their staff and fellow PCN members as to whether to utilise the window to leave their PCN. If practices choose to stay in their PCN, the next opt-out window is expected to be April 2023.

Concerns about the delivery of anti-viral drug treatment for Covid

The BMA has [written](#) to the UK Health Security Agency (UKHSA) to highlight our concerns about the delivery of anti-viral drug treatment for Covid, and in particular the consistency of the Covid Medicines Decision Units (CMDUs) and their ability to deliver appropriate and timely anti-viral drug treatments to patients.

We also asked that public communication about the service be improved so that eligible persons understand the pathway and are aware of the benefits of early treatment.

The BMA had a dedicated theatre at the [Best Practice Show](#) at the NEC Birmingham from 12-13 October, a conference event for the primary care and general practice community. The programme in the theatre focused on the most pressing issues facing general practice, including the future of general practice, working within ICSs, workload and workforce management, and primary care estates. Presentations were led by GPC England **Best practice conference**

Committee Officers, Policy Leads, and BMA staff members, and were well attended by clinical and non-clinical staff across primary care.

All four GPC England Committee Officers led a listening session each day on the future for General Practice, including the future of the GMS contract, which drew hundreds of attendees and sparked productive and insightful discussion.

Wellbeing

We encourage anybody who is feeling under strain to seek support, and also check in on your colleagues' wellbeing. A range of wellbeing and support services are available, such as our 24/7 confidential [counselling and peer support services](#), as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions.

See our [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

Please visit the BMA's dedicated [wellbeing support services page](#) for further information.

For all other support, speak to a BMA adviser on [0300 123 1233](#) or email support@bma.org.uk. We encourage you to access any, or all, of the forms of support mentioned above, and encourage colleagues to do so too if you are ever struggling.