

SOUTH STAFFORDSHIRE LOCAL MEDICAL COMMITTEE

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Provision of practice held clinical information

The development of General Practice computing, associated with the introduction of the QoF, resulted in Practices collectively holding the largest database of health information in the world.

It is therefore not surprising that practices are increasingly getting requests from PCTs to provide specific health information. Many practices have contacted the LMC to ask whether they are required to provide this information.

Practices will have signed a contract with the PCT, whether this be nGMS or PMS, which includes the following clauses:

439

1. Subject to clause 440, the Contractor shall, at the request of the PCT, produce to the PCT or to a person authorised in writing by the PCT

Or allow it, or a person authorised in writing by it, to access, on request-

1.1. any information which is reasonably required by the PCT for the purposes of or in connection with the Contract; and

1.2. any other information which is reasonably required in connection with the PCT's functions.

2. The Contractor shall not be required to comply with any request made in accordance with clause 439 unless it has been made by the PCT in accordance with directions relating to the provision of information by contractors given to the PCT under section 17 of the Act.

440A.

The Contractor shall produce the information requested, or, as the case may be, allow access to it-

440A.1. by such date as has been agreed as reasonable between the Contractor and the PCT; or

440A.2. in the absence of such agreement, within 28 days of the request being made.

Practices are contractually required to provide information to the PCT if it is “reasonably required”. For clarity and to avoid unnecessary conflict with PCTs the LMC would suggest the following:

PCT requests to practices for Non-Identifiable Patient Information

Code of Practice

1. All requests for information are made in writing (this would include email) by the PCT. If the PCT is asking for Patient Identifiable Information then the issues of Confidentiality and Consent should be raised.
2. The request should also include a brief explanation as to why the information is required and what the information will be used for.
3. The timescales for completion should routinely be 28 days, exception may be agreed with the LMC subject to capacity issues at practice level.
4. The outcome of the information gathering exercise should be fed back to practices, because if this data is deemed to be important then comparative data would be valuable for practices to use in their practice development plan.
5. All requests for information from practices should be managed through a single source at the PCT. This will prevent duplication, assess workload being requested from practices and ensure the information cannot be obtained in any other way.
6. If practices do not have the skills or time to provide the data then they should accept the PCT representative assistance in obtaining the information, provided all issues of patient confidentiality are covered.
7. If there is a dispute, the LMC would suggest that practices first approach the LMC rather than escalate the issue locally.
8. The PCT will copy the LMC into any request for information.