



LMC NEWS

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SUBJECT ACCESS REQUESTS

The requester's purposes for a SAR are irrelevant to the question of the controller's obligation to comply with the SAR. Data subjects are entitled to use an agent to make a SAR request. Practices should treat SARs from properly authorised agents as if they were from the patient. With regards to leaving records at reception for patients to collect, the guidance from the ICO is that practices can do this if the patient agrees. However, if the patient requests post or electronic transfer that should be respected. Although electronic transfer is encouraged in GDPR, GDPR does not give controllers and processors the right to insist on only one form of delivery.

PRACTICE PRIVACY NOTICES (PPNS)

The GDPR requires practices to process data 'fairly' and in a 'transparent manner' which is 'easily accessible and easy to understand'. This means that practices must provide information to patients about how the practice processes patient data in the form of practice privacy notices.

Practices may wish to use a privacy poster, which must provide basic information which explains to patients how their medical records are shared. An additional option is to use the practice's telephone answering system to play a recorded message which reminds patients to look at the

website if they want to learn more about how the practice handles medical records and what their rights are.

PPNs must cover four key themes: provision of direct care; medical research and clinical audit; legal requirements to share; and national screening programmes; and regularly reviewed and kept up to date.

GP RETENTION SCHEME

The National GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme is aimed at doctors who are seriously considering leaving or have left general practice due to personal reasons (caring responsibilities or personal illness), approaching retirement or requiring greater flexibility. The scheme supports both the retained GP and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support.

Retained GPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the doctor remains in need of the scheme and that the practice is meeting its obligations.

This scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week - 208 sessions per year, which includes protected time for continuing professional development and with educational support. More information available at <https://www.england.nhs.uk/gp/the-best-place-to-work/retaining-the-current-medical-workforce/retained-doctors/>

STRATEGIC COMMISSIONING WHAT IS IT?

Several GP colleagues have asked for an overview of strategic commissioning. It involves system-wide leadership and service planning across a defined area ('place'), including the development of an understanding of needs and requirements at a population level, monitoring system performance, redesigning the system architecture and repositioning services to better meet local need.

Strategic commissioners will operate at a geography larger

than a CCG, as a high level decision-making body, developing sophisticated approaches to needs assessment; but always remaining accountable to the local population.

Strategic commissioners will retain strong clinical leadership, whilst focussing on outcomes-based commissioning that makes sense to the local population. They will also work with capitated budgets, procure strategically, retain the role of purchaser and hold the delivery system to account.

For this to work there is a need to develop a single assurance and regulatory framework that is co-ordinated at system level.

PATIENT REGISTRATION

From October 2020, patients who have been removed from the list because they have moved out of the practice catchment area will continue to be registered for 30 days, or until they find a new practice (whichever is sooner). No obligation to provide home visits during those 30 days.

Patient assignment. From October 2020, if a patient's relationship with the practice has broken down, they can be assigned to 'any' practice in the CCG area. GPs will not be obliged to provide home visits to those patients, who will be registered as an 'out of area' patient.

Violent patients. Change in regulation in that, if a patient has been discharged from the Special Allocation Scheme for reintegration into mainstream primary care, then they should not be removed from the list.

INDEMNITY

During the Covid-19 outbreak, existing state-backed indemnity arrangements will continue to cover clinical negligence liabilities arising from the vast majority of NHS services, including staff working in a place that is not their ordinary place of work. To ensure there are no gaps in indemnity coverage, the Coronavirus Act 2020 provides additional powers to provide clinical negligence indemnity arising from NHS activities related to the Coronavirus outbreak, where there is no existing indemnity arrangement in place.

It provides cover for services directly related to Coronavirus and for any backfill arrangements that may be needed, as a consequence of Coronavirus, to sustain the delivery of NHS services." The employer of a staff member redeployed to a 'hot hub' is still responsible for the health and safety of the employee but those running the hub share responsibility and a duty of care to those delivering services.

The Clinical Negligence Scheme for General Practice (CNSGP) automatically provides cover to nursing staff working in NHS GP services. It includes self-employed workers and covers all clinical negligence claims that arise from an act (or omission to act) on the part of someone providing a GP service that is NHS-funded in England, including travel vaccinations given in GP surgeries except for where vaccinations are paid for by the patient. The Royal College of Nursing has now extended its indemnity scheme to cover this gap. This means both employed and self-employed RCN members who are providing any paid-for travel vaccinations from GP practices not included in

CNSGP.

Please also note that providing work-related vaccinations to practice staff would not usually fall within the scope of the CNSGP scheme, as such services are not generally provided under a GMS, PMS or APMS contract. Examples are practices routinely offering flu vaccinations, or occasionally hepatitis B vaccinations, to members of the clinical team, or blood tests to check antibody levels.

Indemnity for providing such services to staff working at the practice is usually included within the benefits of medical defence organisation membership, available to GP members (including where such services are provided by nurses or phlebotomists based at the practice). It is important that all GP partners have their own indemnity in place in respect of their potential vicarious liability for such services.

NEW TO PARTNERSHIP PAYMENT

As of 1st April 2020, first time partners will be offered a guaranteed one-off payment of up to £20,000 and £3,000 of business training allowance to support them as a new partner. It applies to all new partners who have never before been a partner in any practice. It will be open to other professional groups (e.g. nurses and pharmacists etc.)

It will be provided as a one off payment in the form of a loan with the intention that at the point which the partner has remained a partner for an as yet unspecified period (to be confirmed by NHSE) the loan will be written off. The practice will reclaim the payment from NHS England together with specified training costs.

Legal advice so far recommends that the NPP should be covered off within a partnership deed or deed of adherence (where the partner signs up to an existing deed), particularly in the event a partner leaves early and any repayment or part repayment is triggered, it is important to ensure that the partnership deed does contain provision for the partnership to reclaim or set off any monies owed and that would include this payment.

The value of the payment: £20k can be claimed, plus £3000 as a business training allowance. With on costs, maximum of £25,500 can be claimed; initially as a 'loan' but after (say) 5 years as a partner, this will automatically convert to a permanent payment.

To an extent, the NPP can mitigate the personal risk that new partners are expected to take on when joining a practice e.g. buying into premises or contributing to the capital of the partnership.

PENSIONS

NHS England has confirmed that clinicians who exceed their NHS pension annual allowance in 2019/20, resulting in a tax liability, will be able to choose "scheme pays" but their NHS Employer will compensate them fully at retirement for the effect of the scheme pay election, meaning that they would not be out of pocket as a result of the tax charge for 2019/20. NHS England has undertaken to provide funding to the employer (or its successor) in respect of those liabilities as the payments are made.

Tapered annual allowance arrangements 2020-21. If your threshold income is under £200,000 you will not be subject to the taper irrespective of the level of adjusted income. For each £2 that your adjusted income exceeds £240,000, your annual allowance threshold is reduced by £1. If your adjusted income exceeds £300,000 then you will have a reduced annual allowance of £4,000 only.

INFORMATION TECHNOLOGY

Several practices are now using iGPR <https://www.igpr.co.uk/> which is an integrated digital solution that allows GPs to confidently and securely electronically process requests for insurance reports and Subject Access Requests (SARs) as well.

iGPR Basic is provided free of cost to practices, and saves valuable GP time by producing GDPR-compliant electronic reports, with automatic redaction of sensitive and third party information, which can be reviewed and audited, before sending to the requester via end-to-end encryption. iGPR reduces workload for practice staff, and improves accuracy of information in patient reports.

NHSPS AND COVID-19

NHSPS are re-purposing space to support clinical needs. The specialist strategic asset management teams are helping to repurpose space, re-commission vacant space and reconfigure sites to help with solutions to accommodate 'hot' and 'cold' sites and plan for the estate changes these will require. This has been a challenge for small practices. Infrastructure needs to be built. Please contact your regional team or get in touch via the Customer Support Centre on 0800 085 3015 or customer.service@property.nhs.uk at the earliest opportunity.

Please contact the FM helpdesk on 0808 196 2045 for the following:

- to report an emergency or urgent FM issue;
- to notify positive cases of COVID-19 in a NHSPS building;
- to inform NHSPS administrators of any procedures you have introduced to deal with patients who attend with symptoms of COVID-19;
- to notify any segregation/cohort areas of in-patient treatment established in the building, so NHSPS can plan resources to support this.

COVID-19 ANTIBODY TESTING PROGRAMME

Each NHS region is coordinating its own arrangements to roll out antibody testing. This requires a venous blood test and will be processed through NHS pathology networks. The test will progressively be offered to NHS staff who want it, including those working on NHS premises but not directly employed by the NHS, working for the NHS but not on NHS premises, and those in primary, community and mental healthcare including community pharmacists. The likely staff groups to test first are in acute trusts in which prevalence has been highest.

NHSE/I has now confirmed that the antibody test will be available for practices to use, as practices deem

appropriate to help manage their patients. The NHS lab result will be available to the practice in the normal way, and it is their responsibility to inform the patient of the result and that a positive test does not indicate immunity to COVID-19. Where there is not a specific clinical indication for the test it may be offered to patients having their blood taken for other reasons if they wish to know whether they have been infected with COVID-19. However, the BMA have clarified that there is no obligation for practices to do this.

Dr Gulshan Kaul
LMC Secretary

DATES OF NEXT MEETINGS

2 July	Zoom	LMC
16 July	Zoom	NHSE

The meetings with the **LMC** are for the full committee of LMC members without NHSE.

The meetings with **NHSE** are for the LMC Executive and NHSE alone.

LMC MEMBERS

The following is a list of current members of the South Staffs LMC

Dr G Kaul (Secretary)	01543 897272
Dr V Singh (Chairman)	01543 870580
Dr M Agrawal (Executive member)	01785 251134
Dr P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member & Treasurer)	01283 845555
Dr F Yunas (Executive member)	01827 281000
Dr S Adams	01922 701280
Dr U Agarwal	01922 701280
Dr O Barron	01889 562145
Dr M Bermingham	01785 822220
Dr R Daniel	01785 850226
Dr J Eames	01785 815555
Dr G Huisman	01543 412980
Dr S Manickam	01543 870580
Dr N Mann	01827 219843
Dr A Parkes	01827 68511
Dr H Skinner	01283 812210
Dr G Young	01543 412980

DR V SPLEEN

Dear reader

V Spleen is taking a break during the Covid-19 crisis, but in the meantime, we thought it would be useful to take a light-hearted view at a summary of seemingly conflicting guidance issued in the recent past:

1. Basically, you can't leave the house for any reason, but if you have to, then you can.
2. Masks are useless, but maybe you have to wear one. Maybe masks help. It is mandatory to wear them in some places, possibly.
3. Stores are closed, except those that are open.
4. You should not go to hospitals or surgeries unless you have to go there. The same applies to doctors; you should only go there in case of emergency, provided you are not too sick.
5. This virus is deadly but still not too scary, except that it actually led to a global disaster.
6. Gloves won't help, but they can still help.
7. Everyone needs to stay HOME, but it's important to GO OUT.
8. There is no shortage of groceries in the supermarket, but there are many things missing when you go there in the evening, but not in the morning. Sometimes.
9. The virus has no effect on children, except those it affects.
10. Animals are not affected, but there is still a cat that tested positive in Belgium in February when no one had been tested, plus a few tigers here and there... and what about that bat?
11. You will have many symptoms when you are sick, but you can also get sick without symptoms, have symptoms without being sick, or be contagious without having symptoms.
12. In order not to get sick, you have to eat well and exercise. But to avoid going out, eat whatever you have on hand, and it is better not to go out, except to buy food, maybe.
13. It is better to get some fresh air, but you get looked at very sternly when you do get some fresh air. Most importantly, don't go to parks or walk. Don't sit down, except you can do that if you are old, but not for too long, or if you are pregnant (but not too old).
14. You can't go to retirement homes, or the homes of elderly relatives, but you have to take care of the elderly and bring food and medication to them.
15. If you are sick, you can't go out, but you can go to the pharmacy.
16. You can get restaurant food delivered to the house,

which may have been prepared by people who didn't wear masks or gloves. But to have your groceries decontaminated, leave outside for 3 hours. Store pizza = isolate. Fresh pizza = too tasty to wait.

17. You can't see your older mother or grandmother, but you can take a taxi and meet an older taxi driver.
18. You can walk around with a friend but not with your family if they don't live under the same roof.
19. You are safe if you maintain the appropriate social distance, but you can't go out with friends or strangers at the safe social distance.
20. The virus remains active on different surfaces for two hours, no, four, no, six, no, we didn't say hours, maybe days? But it takes a damp environment. Or a dry one.
21. The virus stays in the air - well no, or yes, maybe, especially in a closed room. In one hour a sick person can infect ten, so all our children were already infected at school before they were closed. But remember, stay at the recommended social distance. However, in certain circumstances you should maintain a greater distance, as studies show the virus can travel further, maybe. Walk in the road to avoid someone on the pavement who looks like the sort of person who would probably give you a virus.
22. We have no treatment, except that there may be one that apparently is not dangerous unless you take it wrongly, or you're the wrong person to take it.
23. We should stay locked up until the virus disappears, but it will only disappear if we achieve collective immunity... but for that to happen, we must no longer be locked up.

The views expressed in this column are those of the author and not necessarily those of the LMC.