



LMC NEWS

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CQC GUIDANCE ON SECURITY OF BLANK PRESCRIPTION FORMS

The NHS Counter Fraud Authority has published updated guidance on this matter, which practices are expected to comply with. In particular, with regards to blank forms in printers, the following measures should be in place:

- Only authorised individuals should have access to the lockable room or area where prescription form stocks are kept.
- It is not advisable to leave the forms in printer trays when not in use or overnight.
- The new guidance says all prescriptions should be removed from printer trays and locked away when not in use or out of hours.

Also, consider at other times using a lockable printer cover, storing a printer in a lockable drawer and storing forms in a lockable drawer and only placing them in a printer when needed. Risk assessments should be undertaken for printers used for computerised prescribing e.g. consider where the printer is located, who has access to the area, whether the area is shared with another service and levels of surveillance.

FIREARMS LICENSING UPDATE

Many letters from firearms licensing officers to GPs request the doctor to place a flag in the patient record to identify the subject as the holder of a firearms license. While the BMA

supports the principle of flagging in this way and reminds doctors of their duty of care to the public to raise concerns where they are apparent, they also make doctors aware that due to the imprecise nature of flags, the lack of clear protocols for their appropriate removal and the absence of reliable software to facilitate the surveillance and cross-referencing of flags with diagnoses of concern, that they continue to have concerns about the flagging process and will continue to work with the Home Office to resolve this pressing question.

GPs to refuse to engage in the firearms certification process on grounds of conscientious objection on the basis of religious or ethical beliefs. Legal opinion is that a GP who refuses to engage on these grounds should have due regard to the GMC guidance, require GPs to take reasonable steps to notify their patients of their conscientious objection in advance, and we would advise doctors who hold such beliefs to ensure a clear statement to this effect is placed on their website and on notices in public areas of the practice.

In the BMA's view, conscientious objectors are not required to arrange for alternative provision of such a report. However, where access to a firearm is a professional requirement; such as for gamekeepers and farmers – we would nonetheless encourage doctors to assist applicants in identifying a suitable colleague willing to engage in the firearms certification process.

GP-S COACHING AND MENTORING SCHEME

The LMC has partnered with GP-S www.gp-s.org to host a free and confidential peer-to-peer coaching and mentoring scheme, which is available to all qualified GPs in Staffordshire. GP-S can be used by anyone who would like to explore ways to develop themselves. This could be personally, professionally or within your career, and aims to build resilience in the General Practice workforce by allowing you time and space to develop your personal goals.

GP-S offers four face to face sessions with a trained and quality assured peer mentor, over a 12 month period. Each session lasts up to two hours, where you and the mentor will work together to reflect on your situation from different practices and explore ways forward with your career or

personal goals, build self-confidence, and enhance your abilities inside and outside of work.

To get in touch with the service please telephone GP-S on 0115 9796917 or email contact@gp-s.org

COLLABORATIVE ARRANGEMENTS

GPs are entitled to claim a fee for work that doctors undertake on behalf of local authorities in the fields of education, social services and public health. The LMC has negotiated a fee for providing a report in lieu of attending a child protection conference. This currently stands at £56.12 and can be claimed on completing and returning a brief safeguarding pro forma, which practices should receive along with the invitation to the CP conference. This process has been agreed with the LMC. If you need more information, please contact the LMC at enquiry@sslmc.co.uk

GDPR AND EMIS WEB

From 10th June 2019, EMIS Web started migrating practice patient data storage to Amazon Web Services (AWS). Under the General Data Protection Regulation (GDPR), practices using EMIS Web must inform their patients of this change, carry out a Data Protection Impact Assessment (DPIA), update their record of processing activities (ROPA) to include details of the new sub-processor; and review their privacy notice.

As Data Controllers practices must inform patients by their usual methods of communication if there is a significant change to the way their data is processed. This is in order to meet the transparency requirements under the GDPR otherwise they could be in breach of the GDPR.

Practices must also complete a DPIA prior to any significant or new processing arrangement. This is in order to meet the accountability principle under the GDPR and again, practices would be in breach of the GDPR if they do not do so. Practices need to keep a copy of the completed DPIA with their practice's data protection documentation/records.

VIOLENT PATIENT SCHEME (NOW REFERRED TO AS SPECIAL ALLOCATION SCHEME)

The LMC would like to make practices aware of the regulations which specify the grounds on which a contractor may request that a person be removed from its list of patients with immediate effect. These include incidents where (i) the person has committed an act of violence against any of the persons in the practice or (ii) has behaved in such a way that any of those persons has feared for their safety.

The commissioner should therefore be clear that violence does not have to be physical or actual. It can be perceived, threatened or indeed a perceived threat of violence. For immediate removals, PCSE can be contacted by email at pcse.immediateremovals@nhs.net. A police incident number is required, but will not delay the removal.

Please note that where a breakdown has occurred with a non-dependant family member as a result of one family member being placed on the SAS, then they should be removed using a more relevant process e.g. 8 day removal.

QUALITY IMPROVEMENT FACILITATOR

The LMC has worked with the CCG to appoint Louise Marley, who is available to work with practices to identify and support with quality improvement projects, as determined by practice need. Using tried and tested tools and techniques, Louise can help look at areas such as processes, people, policies and procedures, systems and data etc. to embed continuous quality improvement in your businesses.

Louise will typically spend three to four sessions lasting approximately three hours each, with practice teams. To access this free service, please contact Louise at louise.marley2@nhs.net or 0749 6396726 to arrange a meeting.

STATE BACKED INDEMNITY AND TRAVEL VACCINES

Travel vaccines funded by the NHS (for which there is no charge to patients) are covered by the CNSGP. However, travel vaccinations and immunisations for which patients have to pay a charge are not NHS services and therefore not covered under CNSGP. Practices are therefore advised to review their indemnity arrangements for all of their staff, and especially for practice nurses who traditionally deliver the majority of travel clinic care.

The Department of Health has announced that any claims, or potential claims, against practice staff for administering paid for travel vaccinations for the period between 1st April 2019 and 31st July 2019 will be covered by the CNSGP.

The Royal College of Nursing has announced that it has decided to extend the RCN indemnity scheme to cover both employed and self-employed members in England and Wales who provide travel vaccinations from GP services from 1st August 2019.

The BMA is working with the medical defence organisations to discuss the implications of a potential increase in cost for employers. The MDU, in the meantime have stated that state-indemnified GPs who are MDU members and receive claims arising from travel vaccines administered on or after 1st August are reassured that a number of fee paying activities, including providing travel vaccinations to registered patients is included in the MDU's state indemnified category of membership.

ADVERTISING JOB VACANCIES

South Staffs LMC is happy to advertise vacancies for health professionals for free on our website. Practices should email enquiry@sslmc.co.uk using the usual format e.g. BMJ Jobs.

Dr Gulshan Kaul
LMC Secretary

DATES OF NEXT MEETINGS

18 July Samuel Johnson Hospital
26 Sept LMC Office

LMC
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 P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member & Treasurer)	01283 845555
Dr S Adams	01922 701280
Dr U Agarwal	01922 701280
Dr M Agrawal	01785 251134
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 Jaspal	01902 842488
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 F Yunas	01827 281000

DR V SPLEEN

Dear reader

You're avin a larf, aren't you ...? How much longer will austerity in the NHS continue for, before patient and staff health suffers? And no, Brexit ain't going to fix it either! Surely, the final nail in the coffin is the pensions fiasco. The latest BMA letter asks NHS consultants "are you paying to go into work?" Feeling unloved, undervalued, and overworked well, join the club.

The 5000 extra GPs (or is it 8,000 now?) simply aren't coming over the hill, or across the pond. The grass may well be looking greener on the other side. So, where do we go from here? The NHS finds itself in a right mess, consultants declining extra work, social care on its knees, an ageing population in need of a different model of care, newly qualified GPs choosing not to become partners, and others voting with their feet, and turning the lights off. And the politicians still can't help playing political football with arguably the best healthcare system in the world.

Perhaps Alexa may have all the answers. The government certainly seems to think so! So Alexa... pray tell us how we can avert another winter crisis in 2019? Alexa when will the perverse madness of operating a payment by results tariff for hospitals, and a block contract for GPs, stop?

And on the digital revolution, is 1948 General Practice fit for the future? The NHS is consulting us on this very issue. To what extent will this affect the traditional GP model and what about reimbursement?

And finally, what about the dwindling workforce, increasing public expectations and health inequalities etc. Perhaps Primary Care Networks may provide some of the solutions, but with STPs on the way out, and ICSs supposedly on the way in, there is a lot to consider.

Yes, Einstein did say 'doing the same thing over and over again, and expecting different results, is stupidity'. But equally, let's not throw the baby out with the bath water!

Venture

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