

## Newsletter – June 2019

### LMC Meeting 10<sup>th</sup> June 2019

At our last LMC meeting we discussed a range of issues in addition to the newsletter articles here including, revised Dementia LES, Cryotherapy, Adult ADHD / Autism pathway, DVT Pathway, procedure for de-prescribing of long-term antibiotic for prophylaxis of UTIs, Rotherham GP Strategy and Primary Care Networks.

### Survey re: grades for LES financial modelling

This article appeared in the last edition:-

*To help us in our financial negotiations with the CCG we are circulating a spreadsheet requesting information about length of employment of staff on various grades. Regarding length of employment - an approximation to the nearest year is adequate. Information will be shared in a collated format only. Your support with this would be appreciated.*

We receive many requests for surveys and rarely pass them on, but this one is particularly important to us in helping to negotiate on your behalf. Due to the low response, we ask those of you who have not replied so far if you would kindly complete the attached survey and forward to us by 3<sup>rd</sup> July 2019.

### CCG Survey – Ambulatory & Housebound Patients

Since 2006 there has been an agreement that practices in Rotherham would undertake management of leg ulcers and wounds in ambulatory patients, which is not considered core GP work, on the understanding that district nurses would undertake roles which fall under the remit of practice work in the housebound (including chronic disease checks and administration of flu vaccines).

Rotherham LMC is aware that in many areas of Rotherham this agreement has fallen down with some practices continuing to provide this service (which is currently not commissioned) and others no longer being able to provide the service, whilst district nurses are also no longer providing the services agreed in the 2006 agreement.

We have highlighted this to the CCG who have agreed to properly assess the extent of the problem by sending a survey monkey to practices. We fully support this process and would encourage practices to respond to the survey monkey as soon as possible. Resolution of this issue will only be possible with a greater understanding and knowledge of the impact this issue is having on practices. Rotherham LMC

will continue to work with the CCG once we have more accurate and up to date information about variations across all practices in Rotherham

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### Nurses and indemnity

Remember that all nurses working for the practice are covered for clinical negligence under CNSGP.

Further to a recent query, in terms of professional representation in the event that a nurse finds themselves before the NMC, different MDOs will have different structures to their offering with different costs and the only advice the LMC are able to give to practices is to compare products and prices.

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### Indemnity and Contraception

The new national state scheme will not cover practices in matters other than clinical negligence. e.g. a GMC complaint.

There are national reports that the indemnity companies are considering contraception implants and/or coils as 'high risk work' with significant premium loadings. For example, one of our LMC Members has been quoted £690 with NO coil/implant/minor surgery and 2500 - £5000 private

medical earnings, and this rises to £1290 for coil/implant/minor surgery and £2500 - £5000 private medical earnings. In Rotherham this requires 18 coil fittings per year at the current rate, to break even.

Practices may wish to check the correct indemnity is in place & re-evaluate the financial viability of providing this service in view of the additional possible expense.

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### Capita – delay in records transfer

As reported recently, Capita has mistakenly archived 160,000 patient records, and have started to send communications to practices about this latest failure from Capita.

The GPC is in discussions with NHS England regarding this and until an urgent resolution has been reached with them, practices would be advised to, as is contractually and professionally required, undertake the work of processing patient information received to the extent you are able with the resources you have but should also inform the CCG and NHS England locally that you do not have sufficient resources to undertake the work quickly enough to mitigate against the risk of adverse consequences.

You should request help from the CCG/NHSE locally whilst the GPC continues discussions with NHSE nationally to help reduce the risk to patient safety as you have responsibility for the delay in record transfer.

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### EMIS move to Amazon Web Services (AWS)

The GPC have been informed that EMIS has sent out a communication to practices which they believe is potentially misleading.

In relation to the plan to move NHS records to AWS (Amazon Web Services), which the GPC supports, their communication states that practices “may wish to inform your patients”. This is incorrect. It is a requirement under GDPR to be ‘transparent’. Practices *must* inform their patients of significant changes to the way their data is processed, and failure to do so will almost certainly be a breach of GDPR.

This involves updating practice privacy notices (PPNs) and where practices have the ability to provide electronic alerts to patients relatively easily then these methods should be used. In practical terms this means that where mobile numbers or email addresses are held the practice should use these to make patients aware that new arrangements for data sharing exist.

The communication also states “and/or undertake a Data Protection Impact Assessment (DPIA)”, which is also incorrect. A DPIA is not an optional alternative to informing patients, it is a mandatory standalone requirement under GDPR that must be carried out prior to any significant or new processing arrangement. If you don’t do a DPIA you are in breach.

The relevant BMA guidance is clear on the matter, bottom page 6 onwards:-

<https://www.bma.org.uk/-/media/files/pdfs/employment%20a%20device/ethics/gps-as-data-controllers-under-the-general-data-protection-regulation-dec2018.pdf?la=en>

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### LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

NEXT  
LMC MEETING

22<sup>nd</sup> July 2019

COMMENCING  
At 7.30 PM

LMC Officers:-

Chairman  
Dr Andrew Davies  
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Vice Chairman  
Dr Chris Myers  
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Medical Secretary  
Dr Neil Thorman  
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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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