

Newsletter – June 2015

LMC Meeting 8th June 2015

At our last LMC meeting we discussed a range of issues including; DNA policy for patients referred for counselling, referrals to neurology, new Phlebotomy service proposal and 24 hour BP Checks.

PGDs & PSDs

The GPC's guidance on Patient Group Directions (PGD) and Patient Specific Directions (PSD) in General Practice has been updated following regulatory and organisational changes within the NHS, and new NICE Guidelines.

The guidance is available here:-

http://www.rotherhamlmc.org/Guidance_Publications.php

Sessional GPs Newsletter

Latest edition available here:-

<http://bma-mail.org.uk/t/JVX-3GHFT-1BJCJOU46E/cr.aspx>

Named GP

The GPC have published updated guidance on the requirements under the contract for named GPs, which is available at:

<http://bma.org.uk/practical-support-at-work/gp-practices/named-accountable-gp-for-all-patients>

There are three separate steps that GP practices should do as soon as possible:

Practices are required to use the new code 'patient allocated named accountable general practitioner' to confirm the practice has allocated a GP to each patient by the 30 June 2015, or within 21 days if aged 75 or over or newly registered.

There is no requirement to write to any patients regarding their named GP, but practices are required to inform patients of their named GP at the next appropriate interaction. Practices can decide what is appropriate, in line with the 2014-2015 contract changes. However it should be noted that patients aged 75 or over must still be notified by the most appropriate means either by letter or the next routine consultation.

By the end of March 2016, the practice must confirm on their website that every patient has a named GP. If a practice already operates a personal list and patients are familiar with having a personal GP, there is no need to inform patients again. However it will

still be necessary to ensure that confirmation is provided on the website. Practices are required to use the new code 'Informing patient of named accountable general practitioner'.

Please also note that NHS Employers have also published an FAQ on the issue, which is available here:

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/faqs-and-queries/gms-faqs#10>

Consent Issue re Subject Access Requests (SARs)

You may have noticed that some insurance companies are stating that their method for obtaining patient consent will be digital and not with a "wet ink" signature. There is good legal basis and precedence to accept digital signatures only. However the GPC have been in discussion with the insurance industry about this proposed change but no agreement has been reached.

Therefore GPC advises GPs to decline digital signatures at present citing that there is not agreement with GPC yet. After there is agreement it will be up to GPs whether to accept these or not. The GPC will circulate details once it is fully agreed.

On the same note GPC have still not agreed with the Information Commissioner whether it is lawful for insurance companies to use SAR instead of a PMAR. The LMC reminds colleagues that there is a recommended proforma letter on the BMA website that practices can send to their patients when one is requested-see below.

Using medical information and insurance

The BMA's joint guidance with the Association of British Insurers (ABI) has been withdrawn and is under review. We are aware that some insurance companies are now requesting full medical records (via a Subject Access Request – SAR) rather than asking for a report from the applicants GP, as previously agreed with the ABI.

In our view, requesting the full medical records for any patient is excessive and potentially in breach of the third data protection principle under the Data Protection Act 1998 (DPA) which states that personal data shall be "adequate, relevant and not excessive" in relation to the purpose for which it is processed.

Under the DPA, patients are entitled to copies of their full medical record. We are awaiting guidance from the Information Commissioners Office (ICO) regarding the BMA's concerns about the use of SAR's. Until this guidance is received, the BMA would recommend that the following letter is sent to any patients requesting their medical records via a SAR.

Template letter in response to a request for a SAR:-

http://www.rotherhamlmc.org/Guidance_Publications.php

Ebola guidance

While the risk of Ebola in the UK remains low, Public Health want to ensure that GPs remain vigilant and prepared in case someone with possible Ebola symptoms presents at their practice. In particular, they want to give GPs reminders of things like:

- the procedures they must follow if someone presents with possible symptoms of Ebola
- ensuring they have the tools and confidence to help improve public understanding of Ebola
- awareness of how it is transmitted and why it is extremely unlikely to spread within the UK
- where to find the relevant PHE guidance on GOV.UK.

For more information, the following link has a one-page document 'Five simple steps for GPs to follow'

http://www.rotherhamlmc.org/Guidance_Publications.php

GPC News – June 2015

There are lots of relevant articles in this month's GPC news and readers are encouraged to click the link below to read it.

http://www.rotherhamlmc.org/Guidance_Publications.php

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 (except August) in the Board Room at Rotherham General Hospital

NEXT

LMC MEETING

27th JULY

COMMENCING

AT 7.30 PM

OFFICERS OF THE LMC

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