YOUR News Update

WESSEX
Local Medical Committees
Representing & Supporting
General Practice

Issue: 27 October 2022

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro…

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Primary Care Information Officer
Wessex Local Medical Committees Ltd

GPAS has now been running since May 2022 and is going from strength to strength. This is helping us produce data that is now being actively used as part of system resilience meetings throughout our localities and enables our directors to have meaningful conversations with stakeholders at both place based and strategic level.

Historically, we have never had the opportunity to put General Practice on a level reporting system to Secondary Care, so thank you to all that have been completing our weekly surveys.

The information and data collected is completely anonymous and, to this effect, we do not know who has sent responses. However, your ICS is kept informed of the current General Practice status within their area, with any BLACK status reports being escalated.

The developers of GPAS are now rolling out the system nationwide, and they are also working on a national dashboard to show a heat map of the country. This development is due to be completed in Spring 2023.

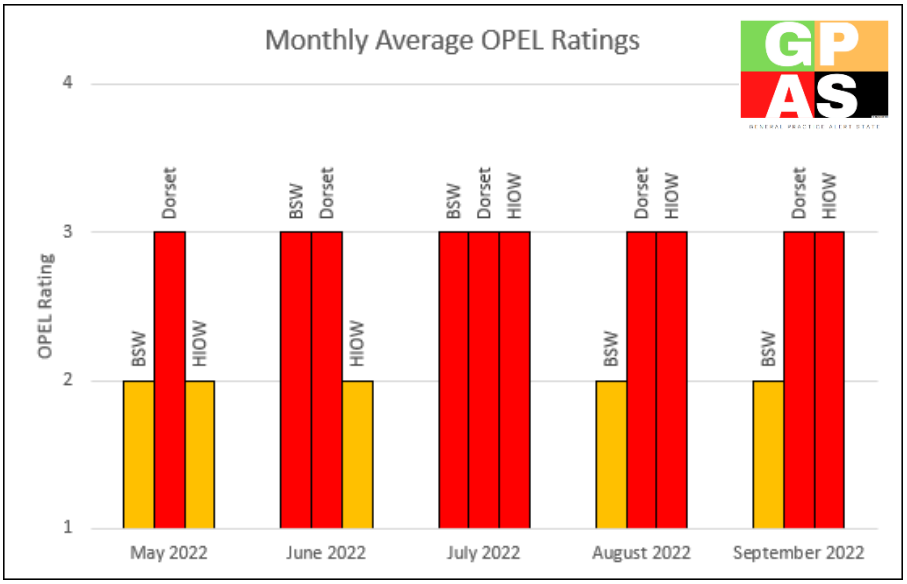
Once all LMCs are operational with GPAS, the developers will be setting up steering group. As Wessex LMCs was one of the early adopters to go live with this project, we have been invited to participate in this group, providing feedback and suggestions from our practices.

We will keep you informed of any developments as they happen.

In the meantime, please do continue to participate in the survey and help us to support you. The more practices that participate, the better picture we can give stakeholders.

We are very grateful for your assistance and are always happy to receive ideas and comments to help move this project along.

The chart shows the average monthly Opel ratings since May ‘22.



Crisis in General Practice

The Health and Social Care Committee report The future of general practice was published last week. The report, which the BMA fed into by providing both written and oral evidence, highlights the crisis in general practice. We know that patients benefit from continuity of care, with the quality, strength and consistency of their relationship with their family doctor having a significant impact on their health outcomes.

Against a backdrop of a global healthcare workforce shortage, recruiting and retaining more GPs, funding more GP training places, targeting under-doctored areas, and empowering practices to recruit the right skill mix of professionals to care for the needs of their community by disabling current barriers are recommendations that must be acted on as a priority.
We have lost the equivalent of 1,850 fully-qualified, full-time GPs since 2015, leading to more pressure and a greater likelihood that even more healthcare professionals will either reduce their hours or leave the NHS altogether. This comes with serious patient safety risks.

The report also reiterated that the punitive pensions taxation must urgently be addressed to tackle the chronic staff shortages in the NHS, asking the Government and NHS England to adopt the recommendations laid out in its workforce report, something that the BMA has long been calling for.

Continuity of care is what patients want, keeps people well, and reduces health costs. The recommendations to reduce bureaucracy and support practices to provide continuity, if implemented will be good for patients and the NHS. Read the full statement by GPC England chair Farah Jameel >

GP pressures were also mentioned during a discussion on the Government's health statement 2 weeks ago, in the House of Lords. This included references to BMA surveys highlighting the increases in GP workload, including the excessive burden of administration, and the impact of the Government pushing for more appointments, without an increase in the GP workforce to support this. The BMA will continue to brief MPs and peers over the coming weeks to highlight our concerns and recommendations for better supporting GPs, with the aim of pushing the Government to support our asks.

Safe Working in General Practice Guidance

Due to the current crisis, we are recommending that practices take action to preserve patient care and their own wellbeing. Guidance on safe working in general practice is designed to enable practices to make decisions about how to prioritise care and deprioritise certain aspects of their day-to-day activity, within the confines of the GMS contract. *Read the guidance >*

Proposed Accelerated Access to GP Held Records

Wessex Local Medical Committees recognise the confusion over what an individual practice should do regarding Accelerated Access to GP Held Records. It is a national issue, and we now have BMA and RCGP guidance that we have outlined in the sections below. We are aware some LMCs have produced local guidance for their practices on this issue, but they also take the form of advising practices of the choices they are presented with. We therefore do not intend to add an extra layer of complexity by doing the same. We recommend you read the BMA and RCGP guidance carefully and decide what you want to do as a practice.

We have engaged with the NHS England team that are implementing this change. We have provided feedback directly and forcefully regarding our concerns for patient safety, workload and how prepared General Practice and other organisations are for this change. We hope that this will not be implemented as planned next week but practices should make plans based on the assumption it will go ahead.

BMA Guidance on Proposed Accelerated Access to GP Held Records

The changes NHS England has planned are to be effective from 1 November and enable all patients over the age of 16 to automatically have prospective (future) access to all medical records held electronically in GP systems, including consultations, documents (sent and received), problem headings, lab results, immunisations and free text entries.

The implication of the change is that effectively every time any data is recorded in a patient's GP system record from 1 November, the staff member needs to consider whether this should be visible via the patient online record. This consideration process needs to apply to those working in general practice receiving correspondence and test results, as well as to those working in secondary care, community and mental health services who will be producing some of the material that becomes incorporated into the GP record. Other sources can also create third-party material which can become incorporated into the medical record, for example from family members or work colleagues who may write in to the practice.

You can find further information in the BMA guidance including:

- redaction - how and what to consider
- clinical safety concerns
- the legal background
- summary of options.

Download the template letter for system suppliers

What next?

There is a growing feeling that the safest and most effective way of providing access for patients to their online records is through a consent-driven or shared-decision-making process where each patient chooses to opt in allowing practices to check the records carefully before the request for access is granted. Practices choosing this option should be offered support and advice to develop this further as an innovation in the provision of health care and in new ways of working.

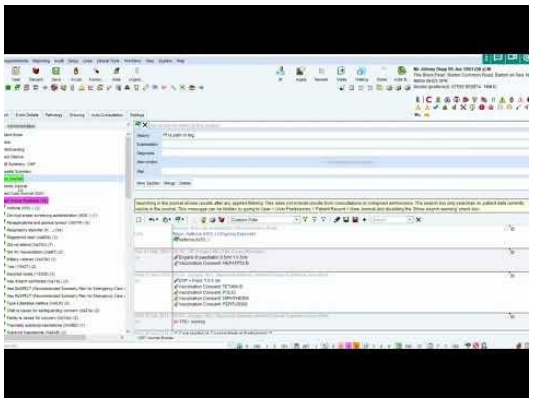
NHS England has plans to encourage patients to request access to the full historic electronic record, including full text, during 2023, possibly via requests sent through the NHS app. The workload ramifications of such a policy, if take-up proves high, are unthinkable given the time it will take to review all the documents and free text within potentially many millions of records. As of last month, 30,000,000 patients currently have access to the NHS app.

General practice is severely under-resourced and taking clinicians away from providing clinical care in order to spend hours redacting historic medical records for online viewing is not a good use of a scarce resource. The BMA already has guidance on safe workloads, including a safe limit "of not more than 25 contacts per day". The BMA will continue to represent your interests and ensure any additional work is properly resourced and funded and that priority remains the provision of essential services.

Wessex LMCs have produced these helpful guides for redacting a consultation from your clinical system.

An EMIS guide for redacting a consultation

A TPP guide for redacting a consultation



Consider using a test patient in your clinical system and similarly a test patient in the NHS App to see how actions within your clinical system will look to the patient within the App. NHS Digital have full details of how to do this. The NHS App test patient can be set up on a computer or laptop, as well as a smartphone, android or tablet.
With our kind thanks to Dr Michelle Sharma from BSW who has produced a crib sheet for all healthcare professionals that shows how to "Redact from online view".

RCGP Statement on Patients' access to their GP records

The RCGP has been engaging closely with NHS England over plans to grant patients automatic access to their prospective records from 1 November 2022. The College has always supported the principle of expanded record access and the benefits that patient access to records offers in terms of self-management, health outcomes and patient satisfaction. However, we have also recognised the additional risks that automation brings and over the past year we have consistently highlighted the importance of practice preparedness, safe redaction technology and consideration of the most vulnerable patients.

Thanks to College efforts, the go live date was delayed from December 2021 and NHS England committed to provide further information and support to practices as well as to engage with the wider system and vulnerable groups. Additional guidance to practices has also been made available in the updated RCGP GP online services toolkit. In seeking to support the expansion of record access, the College considered automatic access to be on balance an acceptable risk to take.
However, it is clear as we enter the final days before the planned go-live date of 1 November that some of our members do not feel ready to implement automatic access safely for patients. This is despite their best efforts to prepare and despite the College's work to support them in this.

The workload and workforce crisis facing general practice severely limits the ability of GPs to engage with any additional programmes of work, with priority rightly given to providing direct care for patients. In addition, while some improvements have been made to redaction functionality, NHS England has not yet delivered on all of the technical solutions the College proposed last year. Concerns have also been raised that other parts of the healthcare system are not sufficiently informed about what this means for their communications with general practice and about the implications of automation for the role of GPs as data controllers. The College has communicated these concerns to NHS England on a regular basis, and highlighted NHS England's responsibility to fully consider the risks associated with this programme and the legal basis under which it is implemented.

It is appropriate that practices that feel ready to do so proceed with expanding record access, but the College would never encourage practices to go ahead with a course of action that they feel would jeopardise patient safety. Practices must consider the benefits of providing record access against their own level of preparedness and capacity to redact sensitive information safely, and decide whether to delay access in order to prepare further. Information is available in the RCGP GP online services toolkit on how to apply opt-out codes to prevent automatic access for patients for whom it is considered unsafe.

However, practices should not be left to address these risks alone and before confirming go-live, NHS England must carefully consider the timescale in the light of the latest information about the situation on the ground.

Digital Primary Care – Online Registration

We understand that patients are now able to find practices offering the new 'Register with a GP surgery' (online) service via the NHS Find a GP webpage.

We would like to ask if your practice is signed up and now offering this service, would you be willing to share your experiences with us? If so, please do get in touch with dawn.chalcraft@wessexlmcs.org.uk

Seasonal Flu Payments

As practices may be aware NHS England recently sent out communication regarding issues identified with the September seasonal flu extracts, asking practices not to submit their vaccination data until further notice.

This relates to two separate issues with the seasonal flu and childhood flu extractions. Firstly, seasonal flu injectable vaccines pharmacy reference sets had not been updated to reflect changes to the list of seasonal flu vaccines for 2022/23 (as per the annual flu letter), so practices using only prescription codes to record flu vaccination (rather than an administration code or both together) will have lower than expected figures from the GPES extraction for September flu activity. This has been compounded by a second specific issue with TPP systems which meant the practice data extracted could be lower than the level of activity completed in September.

Consequently, NHS England is now advising that practices undertake the following steps:

- *EMIS practices should check CQRS from Thursday 20 October and follow the usual declaration process.*

- *Before the end of October TPP practices should compare expected September achievement, with the achievement on CQRS National. They should also check for any incorrect codes that may have been used and amend accordingly. Where a generic vaccination administration code such as "Administration of first inactivated seasonal influenza vaccination" has been used on its own, or with a drug specific code, this will not affect achievement as the generic code will trigger payment. However, practices should ensure they have used the correct vaccine codes. Commissioners will be able to advise if practices are unsure.*
- *Once the September and October extracts have completed, if satisfied that your September flu achievement is accurate, 'declare your achievement' in CQRS National. Do not do this unless you are sure as once achievement is accepted by your commissioner, adjustments cannot be made within CQRS National and if a re-extraction of data takes place, the systems will not be able to overwrite the approved data in CQRS National.*

  OR

- *If a discrepancy is identified, confirm with your commissioner in the first instance that there is an issue. Ensure that you have checked your coding. The commissioner and the practice will then need to agree the most suitable course of action.*

If practices need further details on these issues or have concerns regarding cash due to delayed payments, they should contact their local commissioner, who will be able to assist.

Letters from GPs for Travel with Medication

Some airlines are advising travellers bringing medication in their hand luggage, should bring a letter from their medical practitioner confirming the type of medication and what it is for.

The GPC have raised this issue with an airline, who advised that if a passenger packs their medication in their hold luggage, they do not require any of their medical information. However, if a passenger seeks to carry their essential medication in their cabin luggage, and the form of the medication contravenes aviation regulations e.g. the use of sharps, liquids more than 100ml or oxygen cylinders, they require the passenger to produce confirmation from their healthcare practitioner that the medication is necessary to be carried as it may be required on board.

The advice from the airline in question is unclear because it advises passengers to take their medication in their hand luggage, and it does not specify which sort of medication requires a letter. The BMA have therefore written to the airline again asking for their webpage to be updated accordingly. Practices may choose to do this private work but are not obliged to do so. Practices should advise patients that they can print off their medical records from the NHS app, or alternatively, practices can charge for travel-related requests for information.

PCN DES opt-out window

As mentioned in the last newsletter, at the end of September NHS England published a letter outlining support for practices and PCNs. This includes changes to the ARRS (including changes to reimbursement rates to reflect the Agenda for Change pay award and the introduction of 'GP Assistants' and PCN Digital Leads'), removal/postponement of some IIF indicators, and a new PCN 'capacity and access support payment', funded from the reduced IIF indicators.

As these changes have been introduced by NHSE in-year, an opt-out window for the PCN DES has been triggered open until 31 October. Within this opt-out window, practices can choose to opt out of the DES without risking a breach of contract. We have developed guidance to support practices that are considering opting out of the DES.

We advise practices to read the guidance and consult with their staff and fellow PCN members as to whether to utilise the window to leave their PCN. If practices choose to stay in their PCN, the next opt-out window is expected to be April 2023.

Concerns about the Delivery of Anti-Viral Drug Treatment for COVID

The BMA has written to the UK Health Security Agency to highlight thier concerns about the delivery of anti-viral drug treatment for COVID and in particular the consistency of the COVID medicines decision units and their ability to deliver appropriate and timely anti-viral drug treatments to patients.

They also asked for public communication about the service to be improved so that eligible individuals understand the pathway and the benefits of early treatment.

Operating Framework for the New NHS England

NHS England has published its new Operating Framework, which sets out the roles that NHS England, Integrated Care Boards (ICBs) and NHS providers will now play, working alongside our partners in the wider health and care system.

Zero Tolerance

We are aware of some cases of unacceptable patient behaviour and remind practices of our guidance on zero tolerance. The vast majority of patients do not display such behaviour; however, these guidelines are for the small minority who do and should only be used on an exceptional basis.

Mental Health & Wellbeing

Working as a salaried GP can be hugely challenging, sometimes leading to burnout. Contributing factors include working in excess of contracted hours with unpredictable finish times, working in isolation, working at high-intensity and feeling unsupported.

Sadly, salaried GPs will often walk away from a job because they feel unable to cope and unable to change their job. BMA sessional GPs committee member Paula Wright outlines how we can take a different approach to protect the wellbeing of salaried GPs. Read the blog >

Wessex Support Hubs for Practice Staff

Banes, Swindon & Wiltshire: BSW Wellbeing Matters service
Dorset: The ICS staff wellbeing service – Here For Each Other (joinourdorset.nhs.uk)
Hants & IOW: HIOW Staff Support Hub

Wessex Education & Events

How To... Legal considerations to running a Partnership, Partnership agreements, preventing disputes & the role of interpersonal mediation

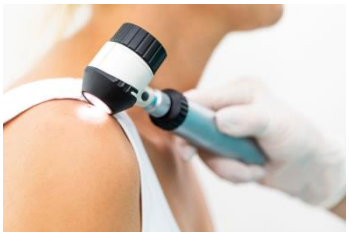
Tuesday 17th January 2023, 09:30-12:30
FULLY FUNDED for Wessex GPs, Senior Leaders and Partners
Book Online: https://www.wessexlmcs.com/events/14015

On online session looking at the importance of the partnership agreement, how to apply it & other legal issues. This module will cover:

- Legal Pitfalls to running a GP practice and how to avoid them.
- Partnership agreement - What you need to know
- Legal considerations around PCNs
- Partnership disputes… how to avoid & deal with them.

Please note this session will be recorded and available to access afterwards here

Basic Skin Lesion Recognition with a Dermoscope – For GPs & AHPs



Wednesday 8th February 2023 12:30 – 14:00
Wessex LMC Members £25pp
Book Online: https://www.wessexlmcs.com/events/14289

This session aims to give delegates a greater understanding of lesion diagnostics using a dermoscope. The training assumes no prior knowledge of dermoscopy but will be best appreciated by learners who are familiar with the basics of skin lesion recognition.

Dr Stephen Hayes teaches the 'Chaos and Clues' method for interpreting dermoscopic images, which is well validated and the easiest method to teach and learn.

Please note this session will be recorded and available to purchase afterwards here

Regards
The LMC Team

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