

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

3rd November 2022

Access to GP-held Patient Records Guidance

In a joint letter, the LMC and Leeds GP Confederation, with the support of PCN clinical directors, wrote to the ICB to express the concern of practices in Leeds about the planned introduction of automatic access to patient records on 1 November. We highlighted risks relating to safeguarding, practice data controller responsibilities, workload/workforce capacity and the lack of certainty that secondary care colleagues were prepared for this change.

In a statement to the House of Commons on 1 November, the newly appointed Secretary of State for Health and Social Care, Steve Barclay, stated that: *“GP practices will soon be able to automatically provide patients aged 16 and over with access to the latest information in their health records via the NHS app. We are switching on that ability from today, in a process that we expect to be completed by the end of this month. And that is an important milestone for patient empowerment and part of a process that is seeing patients play an even more active role in managing their health and care and I hope that is something across the house that members will welcome on behalf of their patients.”*

The BMA's GP committee in England has responded with a [statement](#) calling for clarity for practices and assurance that they will be given the necessary time to implement these plans. They had also previously produced [guidance](#) which highlighted concerns about the practicality and effectiveness of the redaction process, clinical safety and legal issues. It notes that whilst some practices would be prepared for the automatic enabling of access to prospective records from 1 November, many were not and suggested options including:

- Write to your system supplier (the Data Processor) before 31 October 2022 using its preferred contact email address (recordaccess@tpp-uk.com for TPP (SystemOne) practices and aapostpone@emishealth.com for EMIS practices) requesting, as Data Controller, that automatic access not be switched on.
- Run a [focused search](#) and subsequently apply batch exemption coding to those patients identified through the search using SNOMED code 1364731000000104 (“Enhanced review indicated before granting access to own health record”).
- Apply batch exemption coding for the full practice list using SNOMED code 1364731000000104 (“Enhanced review indicated before granting access to own health record”). Note: this will not revoke access to patients who already have online access but it will prevent any of those patients getting prospective (future) full record access if they do not already have it.

However, it remains a contractual requirement to offer and promote online access.

The RCGP have also issued a [statement on patients' access to records](#) in which it stated that whilst they had worked to support practices with the implementation of the project it is clear that some do not feel ready to implement automatic access safely for patients on 1 November. They said that 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.

NHS Digital have produced resources for practices, including a [general practice readiness checklist](#) and [guidance for general practice staff](#). They have also issued a statement outlining the [legal basis for technical changes](#).

On 31 October EMIS issued a statement to users of their system, with a similar statement produced by TPP SystemOne, stating:

“As you are aware NHSE has asked us to make a mandatory change in EMIS Web under the terms of our GP ITF contract to enable Patients to access their own record.

We have received requests from many GP practices asking us not to make the system change due to GDPR and/or Patient Safety concerns. Many practices have said that they require more time to be ready for the proposed Patient Access change. This is a complex issue and we have been in constructive dialogue with NHSE, over the past days, on an appropriate way forward.

For all stakeholders in this process Patient Safety & compliance with GDPR are important priorities. We continue to be in dialogue on these matters and we can confirm that we will NOT be making any practice level system changes to EMIS Web until we have a clear path forward. We will continue to update you as we know more”

On 1 November NHS England issued a response stating that: *“For those practices that ask EMIS and TPP **by 5pm on 4 November 2022** to not enable the change, we have instructed both suppliers to pause. These practices must use this time to engage with their local commissioners should they need additional support and agree plans to prepare before their systems are automatically enabled from 30 November 2022. The general practice readiness checklist should be used to help with preparations. For all other practices that will not have informed EMIS and TPP to pause by 5pm on 4 November we will continue to work with EMIS and TPP to implement the change as planned, with prospective data entered into patient records from 1 November 2022 automatically becoming visible in a phased way.”*

Quality Improvement Scheme 22/23

As previously reported, the ICB have confirmed details of the income guarantee for practices in relation to the Quality Improvement Scheme. This is to enable practices to focus capacity on winter pressures. The income guarantee will be linked to confirmation of year end payments on the proviso that practices continue to focus on five key areas, most of which practices are already delivering and are not therefore additional requests.

The 5 key areas are to continue to support the vaccination campaigns; continued prioritisation of annual health checks for patients with a learning disability and physical health checks for patients with serious mental illness; completion of Opel reporting between October 2022 and March 2023; sign up to Lantum for the flexible GP pool; and continued engagement in the QOF access QI module.

Trust registration requirements in General Practice

Guidance on [Trusts in Primary Care](#) has been produced by DR Solicitors and the GP Defence Fund to help practices respond to the recent change in legislation. It outlines that:

“A trust is a legal relationship by which one or more ‘Trustees’ hold and manage assets (such as money, investments, land or buildings) on behalf of one or more other people (the ‘Beneficiaries’), and may be created (whether expressly or by operation of law) for convenience or through necessity.

There are a significant number of trust relationships in primary care, generally created by necessity as a substitute for a ‘missing entity’ – particularly in the case of GP partnerships and Primary Care Networks (PCNs). The most common of these trust relationships relate to the ownership of a practice’s surgery, a PCN’s Bank Account, and shares held by GP partnerships in Federations or PCN companies.

Express trusts and taxable non-express trusts must now be registered with the Trust Registration Service (TRS), but the majority of such trusts in primary care settings will be able to benefit from an exemption for “public authorities” and will not need to be registered. In addition, a smaller number of such trusts will be able to benefit from an exemption for “legislative trusts”. It is therefore likely that only a small residual minority of primary care related trusts will need to register with the TRS.”

Practices, federations and PCNs with trusts should read the guidance to ensure they fulfil any necessary requirements.

CQC State of Care report 2021/22

CQC has produced its annual [State of Care](#) report in which they highlight that, at 31 July 2022:

- 96% of GP practices were rated as good or outstanding.
- 83% of adult social care services were rated as good or outstanding.
- 75% of NHS acute core services were rated as good or outstanding.
- 77% of all mental health core services (NHS and independent) were rated as good or outstanding.

They also report what is now well-known, that “The health and care system is gridlocked and unable to operate effectively. This means that people are stuck – stuck in hospital because there isn’t the social care support in place for them to leave, stuck in emergency departments waiting for a hospital bed to get the treatment they need, and stuck waiting for ambulances that don’t arrive because those same ambulances are stuck outside hospitals waiting to transfer patients.”

In addition they conclude that In many cases, providers are losing the battle to attract and retain enough staff and the persistent understaffing across health and social care poses a serious risk to the safety and wellbeing of people who use services. Responses to their poll also reflected recruitment and retention challenges in primary care. Ninety per cent of GP practices who responded (217 of 241) agreed or completely agreed that they are currently struggling to recruit staff. Similarly, 71% of GP practices (170) who responded said they are struggling to retain staff.

They state that GP practices have been at the front end of efforts to tackle the pandemic, but there are concerns about the sustainability of the workforce. According to NHS Digital data, there has been a fall in the ratio of fully qualified GPs per 100,000 patients from 49.8 in June 2017 to 44.6 in June 2022.

Future of General Practice – Health Select Committee report

The [Health and Social Care Committee report: The future of general practice](#) has been published. The report, which the LMC fed into by providing written evidence, highlights the crisis in general practice. They highlighted the clear evidence 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 the 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](#).

Read the full BMA [statement](#) in response to the report.

GMC Workforce report

The GMC have issued their annual [State of Medical Education and Practice in the UK: The Workforce Report 2022](#). In it they say that their data shows that general practice is the slowest-growing specialty in the UK (growing at 6% from 2017-2021 compared to the overall medical register growing by 17%) – and we also know from recent research by the RCGP that it has the highest rate of burnout.

The report considers some potential solutions to those challenges, including the controversial suggestion of enabling specialty and associate specialty (SAS) and locally employed (LE) doctors to work in general practice, as they are the fastest-growing group in the medical workforce. Current rules restrict the roles those doctors can fulfil as only GP trainees and qualified GPs can work as doctors in the delivery of general practice. The GMC suggests SAS doctors should be enabled to support patient care across all settings, including in primary care. However there is real concern about how this would work and what the consequences would be for GP training.

Seasonal flu payments

As we previously reported issues have been 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:

1. *EMIS practices should check CQRS from Thursday 20 October and follow the usual declaration process.*
2. *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.

3. *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 is in line with the table below. The commissioner and the practice will then need to agree the most suitable course of action.

Infection rates

The UK Health Security Agency (UKHSA) [published](#) the latest national influenza and COVID-19 report, monitoring COVID-19 activity, seasonal flu and other seasonal respiratory illnesses on Friday 21 October. Surveillance indicators suggest that, at a national level, COVID-19 activity has decreased in most indicators in week forty-one of 2022. Cases of flu have climbed quickly in the past week, indicating that the season has begun earlier than normal. The UKHSA are seeing hospitalisations and ICU admissions rising the fastest in children under 5. Vaccination for flu is currently behind last season for pre-schoolers and pregnant women and under 65 in a clinical risk group.

The Office for National Statistics [published](#) a statistical release on the percentage of people testing positive for coronavirus (COVID-19) in private residential households in England, Wales, Northern Ireland and Scotland on Friday 21 October. Continuing the trend of previous weeks, the number of community infections in England continues to increase. In the w/e 10 October 3.13% of the population in England were estimated to test positive, or around 1 in 30 people. Modelled ONS figures show differing trends across different age groups – rates are still rising slowly in most adult age groups. The exception to this is the over 70s where the rate has fallen slightly.

There remains variation in the prevalence across the country. The number of people testing positive in Yorkshire and Humber continues to increase according to the latest ONS data (published 21 October 2022), where an estimated 3.6% of the population were estimated to test positive. There are early signs in some regions that the number of infections is now plateauing.

Current hospital position

Hospitals across West Yorkshire now have a total of 450 patients with COVID-19. Over the last week the total has reduced by 112 (20%). A peak of 567 patients was reached on 14 October. The current total includes 14 patients in mental health beds. The number in HDU/ITU is nine.

Occupational Health Service

The existing Occupational Health arrangements for GPs and Dentists across West Yorkshire have been extended for a further 2 years until the end of March 2024. Practices should though note that there has been a change of contact details for Sugarman (covering Leeds and Bradford).

- Needlestick Injuries – telephone 0247 630 9727
- Pre-placement questionnaires, case management referrals and vaccination / immunisation bookings: email info-occhealth@sugarmanhealth.com or telephone 0247 630 9727

Attached is a leaflet from Sugarman that informs you that this new number is for both needlestick and other OH services they provide.

NHS England Operating Framework

NHS England have published their [Operating Framework](#) which outlines how they intend to work with the creation of ICSs. They are also working on creating a new organisation by bringing together NHS England, Health Education England and NHS Digital.

Support for IMG doctors

Doctors in Distress have partnered with the Wesleyan Foundation to offer a 10 week programme of free peer support sessions for IMGs. The programme will involve a mixture of practical informative sessions and reflective discussions with peers, led by trained facilitators.

The programme will begin on Friday the 4th November, 1.45-2.45pm and will run for 10 weeks. (1 session per week) The following 9 sessions will run on a Monday, 11am-12.15pm from the 7th November. The plan for the programme is to run alternate weeks of practical support webinars and reflective peer discussions. Please note there will be a two week break over the Christmas period and there will be no session on the 26th December or 2nd January. To book follow the link [here](#).

Solar panels for practices

The [Big Solar Co-op](#) is offering opportunities to fit subsidy-free community solar panels on some community and commercial rooftops. They are also seeking volunteers to empower and support them to work together to get it built.

Greener Practice Trainee forum

Greener Practice, the UK's primary care sustainability network, has created a [Greener Practice trainee forum](#) to facilitate the exchange of knowledge and ideas on sustainable healthcare between GP Trainees. All are welcome, no prior knowledge of the area required to join. The forum will be established as a WhatsApp group, and may also host meetings on topics of interest.

CQC inspections

The LMC recently met with local CQC inspectors as part of our regular liaison with them and discussed feedback we have received from practices who have been inspected in the last few months. CQC are reviewing their structure and arrangements, but inspections are continuing. Should any practice have any concerns or feedback they wish to share following an inspection please let us know.

WY ICS – November update

Please see attached summary of the development work currently going on in the WY ICS.

LARC Fitters Forum 30th November 2022

Leeds Sexual Health are planning on running a LARC Fitters Forum on the 30th November 22' 6-8pm via zoom.

Please email roslyne.armitage@nhs.net to book a place.

Vacancies

GP PRIMARY CARE RECEPTIONIST VACANCY

Oakwood Surgery Leeds LS8 4AA West Yorkshire

Minimum 29 hours per week over Monday, Tuesday and Friday, available for the ideal candidate to join our thriving Practice.

Starting Salary £10.00 per hour we have an annual bonus scheme and guaranteed annual pay rise for the successful candidate

Oakwood Surgery is a friendly, enthusiastic and dynamic practice serving over 5200 patients in this desirable area of Leeds next to Roundhay Park.

We are seeking a self-motivated Receptionist capable of working autonomously and within our supportive team of 6 Receptionists, 4 GP's, 2 Nurses & a HCA.

The successful candidate ideally will have experience of working as a Receptionist in General Practice and use of SystmOne software. We will provide training for all aspects of the role.

To apply please send your CV to Mrs Donna Marks, Managing Partner at donna.marks@nhs.net or call the surgery on 0113 2951515 for an informal chat.

Closing date: Friday 17th November 2022

Whitehall Surgery - Salaried GP – 5 – 6 Sessions

Due to a growing list and Maternity Leave we are looking for a Salaried GP / Partner to join our team.

We are offering 5 – 6 sessions (job share welcome)

Competitive salary with Defence Subscription

Thriving practice of approx. 9,000 patients, in new modern building with car park, comprising 4 GP Partners, 2 Salaried GPs, 2 ANPs.

One of our GP Partners is Clinical Director to the PCN; therefore, we are a very forward-thinking practice

We are a high achieving, well organised practice and use SystmOne

We have the following in house services for our patients:

- Family planning service providers for both Implants and Coil devices
- Minor surgery including joint injections
- Pharmacy Team including PCN Pharmacist support
- Social Prescribers
- Physio First service
- Mental Health Practitioner

If you are interested in joining our great team, please contact Joanne Woods Practice Manager, Whitehall Surgery, 1st Floor Wortley Beck Health Centre, Ring Road Leeds LS12 5SG.

Email: joanne.woods@nhs.net