



Tuesday 25th October 2022

Notes from Your LMC Chief Executive

There is so much political upheaval at the moment that it is difficult to get a steer on the future. We all thought that the steer for general practice was coming from implementation of the Fuller Stocktake, with its emphasis on GP Access, but a counter proposal has now come out from the House of Commons Health Select Committee, (Chaired by Jeremy Hunt) that places far more emphasis on Continuity of Care. We also have a major piece of guidance from the BMA that asks practices to review their workload to ensure that patient safety is maintained.

All this against a background of economic uncertainty and likely period of austerity with very little likelihood of additional investment in the NHS. As I write we do not know who will be in the new cabinet, but it is likely that we will have a new Health Secretary. What will they bring to the table?

Prospective Access to Records (The Citizens' Access Programme.)

The most pressing need faced by practices is the government dictate to allow all patients access to their prospective record online by 1st November. Last week I said the options appear to be:

- Make whatever preparations you deem appropriate to deal with online access for all your patients
- Run searches for "at risk" groups and block access - but not clear who these should be or what the plans would be for reviewing and then releasing all of these
- Block access for ALL and then have a process to release if requested - allowing more control to GPs and mitigating risk.

These basic options remain today and the promised guidance from the BMA has only just arrived at 14.18 on Tuesday 25th October. Basically, the BMA is saying that it is not opposed to patient access to their digital notes but feels that the necessary infrastructure at national and local level is not yet in place. Problems have been identified in practice staff names inadvertently appearing in patient searches and we do not believe that third parties who add to the record, such as from secondary care and community staff, are aware of the implications for them and their responsibilities.

We are fully aware of the intense pressures that practices are under in trying to cope with an unrelenting workload and feel that many practices will not have the capacity to do the necessary work to safeguard patients from unnecessary risk of accessing their prospective notes.

Of course, it is a practice decision as to whether to enable, on 1st November, access to all patients to their prospective notes. Some practices will feel confident that they have done all the necessary work, have addressed third party additions, and have identified at risk patients for exemption and necessary redactions.

However we suspect many practices will not be in this position and the LMC would advise a more cautious approach to implementation. As Data Controllers of the GP record, and custodians of patient care, GPs have a dual obligation to uphold their responsibilities to their patients in terms of information governance as well as clinical safety. The full BMA Guidance, and an associated press release are as follows and you should take time to read the guidance in full.

- [Accelerated access to GP-held patient records guidance](#)
- [GP practices not ready to safely roll out Citizens' Access programme should delay it, says BMA](#)





For those practices not confident in proceeding possible options for EMIS practices (and more than one option may be applicable):

1. Write to your system supplier (the Data Processor) before 31 October 2022 using its preferred contact email address (aapostpone@emishealth.com for EMIS practices) requesting, as Data Controller, that automatic access not be switched on. *Note:* A draft template is provided alongside this guidance.
2. 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”)
3. Apply batch exemption coding for the **full** practice list using SNOMED code 1364731000000104 (“Enhanced review indicated before granting access to own health record”)

*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.*

A delay at practice level would allow practices to undertake the necessary preparation and training to facilitate a safe implementation of the programme with practices able to work through the GP readiness checklist at a pace that fits with business continuity whilst maintaining delivery of essential services.

The Health and Social Care Select Committee report “The Future of General Practice.”

This is a powerful [report](#) issued by a cross party select committee and should be compulsory reading for everyone. At long last it would appear that a group of leading politicians from across the House “get it” in terms of the plight of general practice.

For a start the Committee challenges the complacency of the government and NHSE in not acknowledging that general practice is in crisis. Their strong message is that it is! They also challenge some of the misleading workforce statistics coming out of the government and set the record straight on the reduction in GP numbers.

They make a number of recommendations to improve the number of GPs and suggest a reduction in the number of patients per GP.

A powerful message for me was that the government’s obsession with GP Access is the wrong priority, which should be continuity of care. They cite research findings that demonstrate improved outcomes from continuity of care. As such they advocate a return to personalised lists.

Another powerful message is that they want to stop micromanagement of general practice and recommend that QOF and the IIF should be scrapped, and the money recycled into core funding in a culture of trust in professionals making the right decisions for patients.

This Report comes out shortly after the [BMA Safe working Practice Guidelines](#) that suggest a reduction to 25 appointments per GP per day. The LMC will be looking at both reports and will be launching a series of road shows to gauge the mood of the profession and see what we can do collectively to support general practice and keep it safe.

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





Update from the Consortium of Lancashire & Cumbria LMCs

Patient online access – safeguarding guidance

To prepare for switch-on, practices have been asked to identify and safeguard patients who could be at risk of harm from having automatic access.

Early adopter sites have typically applied the [104 SNOMED code](#) to 1-5% of patients. They have also [shared good practice and tools to identify potentially at-risk patients](#). Should practices see challenges with providing necessary safeguards they should contact the commissioner for further guidance.

Survey on how inflation and energy costs are impacting your practice

Practices across England are feeling the impact of inflation and high energy costs. Please complete the BMA GPC survey so that they can collect the evidence needed to advocate on your behalf.

The survey asks for a range of information relating to practice costs including energy, staffing and other expenses. It may be that your practice manager is best placed to complete the survey, and while it is encouraged to complete the whole survey, if you do not yet have the information, please complete the parts you can.

The BMA GPC need to hear from as many practices as possible to make a strong case to NHSEI, DHSC and the government to seek solutions. Answer the short [survey](#) (closing 9am, 28 October).

Concerns about the delivery of anti-viral drug treatment for Covid

The BMA has [written](#) to the UK Health Security Agency (UKHSA) to highlight concerns about the delivery of anti-viral drug treatment for Covid, and in particular the consistency of the Covid Medicines Decision Units (CMDUs) and their ability to deliver appropriate and timely anti-viral drug treatments to patients.

BMA GPC also asked that public communication about the service be improved so that eligible persons understand the pathway and are aware of the benefits of early treatment.

Letter from GP for travel with medication

Some [airlines](#) are advising travellers bringing medication in their hand luggage that they should bring a letter from their medical practitioner confirming the type of medication and what it is for.

The BMA GPC have raised this issue with the 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.

However, as the advice on [their website](#) is not clear on this point as 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 GPC have written to the airline again asking for their webpage to be updated on this point.

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 record from the NHS app, or alternatively, practices are able to charge for travel-related requests for information.





Update from the Consortium of Lancashire & Cumbria LMCs

Seasonal flu payments

NHSE recently sent out a 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.

Consequently, NHSE 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. *Once the September and October extracts are 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

3. *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 correct. 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, please contact the LMC.

Course: Physical Health Care for People with Severe Mental Illness

Maudsley Learning is running a [free, national half-day online course as part of the strategy to improve physical health care outcomes in individuals with severe mental illness](#). This theory-focused and interactive course is aimed at clinical practitioners in primary care.

