LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

NEWS FROM YOUR LOCAL MEDICAL COMMITTEE

Welcome to our January Newsletter

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a. WELCOME

Welcome to our June Newsletter.

b. MEDICAL EXAMINER

NHS England recently issued a letter to all GP practices setting out the expectation that medical examiner scrutiny of deaths should be extended from the current provision in most acute trusts to cover deaths in the community as well. It can be downloaded from **https://www.england.nhs.uk/publication/system-letter-extending-medical-examiner-scrutiny-to-non-acute-settings/** .

Medical Examiners were introduced by the Coroners and Justice Act 2009, but the system is not mandated at present. It is proposed that the process will cover all deaths where there is not a requirement to report the death to the Coroner. It will replace both the current MCCD process and Cremation Forms 4 and 5.

Leicester has had a medical examiner system operating in UHL since 2016 and this was extended to include a pilot of medical examiner scrutiny in primary care. Information about this pilot can be found at: **http://www.pathology.plus.com/ME/ME%20rollout%20proposal.pdf**

Details of the medical examiner process developed in collaboration with some of Leicester's GPs can be downloaded from **http://www.pathology.plus.com/ME/ME%20expansion%20-process%2012-5-21.pdf** .

The proposed local process (which varies from the nationally proposed process) is that following an expected death, the practice will complete a referral form and email this form to the Medical Examiners Office. This should include details or next of kin. The ME will then access the SystmOne record, phone the next of kin and then phone the GP. If there are no concerns the GP will be advised to issue the MCCD.

The LMC is concerned that as currently envisaged it increases unfunded work for practices. The information needed to be provided to the ME is similar to that included in the Cremation Form 4 but there will not be any funding for this. We feel that the process should be a purely electronic basis embedded in GP clinical systems. We note that England is the only country in the UK where there is currently not an electronic version of the MCCD available.

It is envisaged that long term the process will be funded through the fees currently paid to GPs for completing cremation forms.

The GPC and BMA have various reservations about the process which are being raised nationally.

GPs will be required to provide a similar or higher level of information as currently included when completing Cremation Form 4, but there will be no funding.

There is also concern about the legal basis for sharing data. Finally we are concerned about the proposal that if there is concern about a death the ME may advise a GP not to issue a MCCD, and also that the GP may delegate completion of the MCCD to the ME. Section 22 of the Births and Deaths Registration Act 1953 states "In the case of the death of any person who has been attended during his last illness by a registered medical practitioner, that practitioner shall sign a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death and shall forthwith deliver that certificate to the registrar." We therefore

The LMC will liaise with the Medical Examiner Office to help develop this process.

c. GENERAL PRACTICE DATA FOR PLANNING AND RESEARCH (GPDPR)

The LMC is aware of concerns that have been raised about this proposal.

The GPDPR is a replacement for the General Practice Extraction Service (GPES) which was developed in 2007.

Prior to GPES, national and local extractions from general practices were ad hoc, and many did not comply with legal requirements. The GPC, RCGP and Department of Health had significant concerns about data security and it was therefore agreed to have a single secure and trusted service that all national data extractions had to use. This service was developed with support of the BMA and RCGP. The plan was that GPES would also be extended to all local extractions as well.

It is generally accepted that data is needed for planning and research. GPDPR, unlike the discredited Care.Data, is not designed to monetise health data – data will not be sold to commercial companies.

The GPDPR has again been developed in conjunction with GPC and RCGP. It includes safeguards provided by the *Professional Advisory Group* (which includes GPC and RCGP representatives and the *Independent Group Advising on the Release of Data* (*IGARD*).

So what is the problem? There are two main issues. The first is that the Department of Health has not kept general practitioners or the public engaged. The public must be made aware of how their data is used, and given the opportunity to opt out of the extraction. There was concern that practices would have to inform every patient, increasing workload whilst practices are already overwhelmed. The government has therefore agreed to delay the start of the extraction until 1st September 2021.

The second issue is related to the legal responsibilities for practices as data controller. The extract is mandated under section 259(1)(a) of the Health and Social Care Act 2012, and so a practice cannot lawfully opt out. However, data controllers have legal requirements, which include providing information to patients as data subjects, and also carrying out a Data Protection Impact Assessment. This cannot be completed without technical information from the processor (NHS Digital). There is now an agreement that NHS D will provide all practices with a DPIA template that they can use.

If a practice is contacted by a patient to opt in or out of this extraction, the following codes should be used:

Opt – Out - Dissent code:
9Nu0 (827241000000103 |Dissent from secondary use of general practitioner patient identifiable data (finding)|)
Opt – In - Dissent withdrawal code:
9Nu1 (827261000000102 |Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)|)]

d. SPIROMETRY

NHS England have suggested that spirometry services should be restored.

This **guidance document** comprises information from the Association for Respiratory Technology and Physiology (ARTP) and the Primary Care Respiratory Society (PCRS). It was developed from a task and finish group established by NHS England's Clinical Policy.

Practice are advised to risk assess if it is practical and safe to restart this service and to refer to the document above.

This is a statement from the BMA which was released this week: *"Our guidance for **spirometry in general practice** remains unchanged. BMA believe this important diagnostic and monitoring tool should be properly commissioned and sufficient capacity should be made available for practices to be able to access this for their patients. NHS commissioners in many areas are failing to make this service fully available and must do more to support accurate diagnosis of both asthma and COPD. There is no contractual obligation for practices to do this themselves, and with the current infection protection and control restrictions still in place it is not practical for most practices to set aside treatment rooms to be able to complete this."*

e. PILOT ON HOW CQC MONITORS

CQC has provided an update on their CQC monitors services. We are meeting with the CQC regional manager and inspectors at the end of the month and we will be asking them about their threshold and what are the data collection markers they will be looking at. We will report back following the meeting.

Communication shared below:

'I am writing to let you know about the developments we have made to our monitoring approach, which we will be piloting across GP practices in the Central regions (Midlands and East of England) with effect from 15 June 2021.

As we move into the next phase of the COVID-19 pandemic we are moving on from our transitional monitoring approach. We're continuing to develop our approach and building on what we know works well.

We're introducing a new monthly check of the information and data we have on most of the services we regulate – this will help us prioritise our activity in response to risk.
This monthly review will also involve publishing a statement on our website for lower risk services. This will let people know that we have not found any evidence that tells us we need to re-assess the rating or quality of care at that service at that time.
These will be services:

- *rated good or outstanding*
- *that meet all the regulations*
- *where we are not undertaking any regulatory activity*
- *where we have not found evidence that tells us we need to reassess the rating or quality at that time.*

For GP services this evidence would include information directly received by CQC such as safeguarding, whistle-blower, incident reports as well as patient experience information.

It would also include a number of national data sources, for example the GP patient survey and QOF data. These national metrics are the same ones that CQC publish after an inspection, as part of the Evidence table.

For other services, we'll carry out additional checks, this will include gathering people's experience of care and contacting the provider. Much in the same way that we do currently through our transitional monitoring approach.
For higher risk services we will carry out an inspection.
As part of these changes, you may notice a statement appearing on your page on the CQC website. You will receive an email the day before it goes up on the services' page on our website letting you know.
I also attach ***draft provider guidance*** *to talk in more detail about the changes.*

f. EMAIL SWITCHOVER

Ahead of the email switchover that will be starting on 30th June for all primary care staff, we would like to request that practices share their nhs.net email address with us at the LMC, so we can update our records.
Please send your changes to **enquiries@llrlmc.co.uk** and we will update our records accordingly.

g. Recruitment

If you have a vacancy within your practice, we are happy to advertise the position through our website for no charge.
Simply send us a copy of the advert and job description to enquiries@llrlmc.co.uk.

h. External Opportunities

Telephone: 0116 2962950

Email: enquiries@llrlmc.co.uk