



## Indemnity update

**By Dr Mark Sanford-Wood, Medical Secretary at Devon Local Medical Committee and Deputy Chair of the General Practitioners Committee**

January is here, and 2019 is the year that will bring the launch of the long-awaited state-backed GP indemnity scheme. This was announced in October 2017 with a launch date of April 2019, and an enormous amount of work has been done behind the scenes to prepare for this.

The scheme will begin in April 2019 and will cover all practice staff performing clinical roles under a General Medical Services (GMS), Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contract. All historical liability will be covered by the scheme with the exception of clinicians who have been on the (Medical Defence Union) MDU Transitional Benefits scheme over the last year, who will need to purchase run off cover from the MDU.

GPs will need to remain members of a Medical Defence Organisation (MDO) for the purposes of receiving support for those items not covered by the state scheme such as coroners court matters, criminal charges, non-NHS work and professional representation for example to the General Medical Council (GMC). It is envisaged that the cost for this ongoing core membership will be a flat fee in the region of £1,000-£1,500, but that is still subject to confirmation and prices may vary.

The scheme will be free at the point of use and will cover all practice work, as well as sessions for out of hours providers. Extended hours and improved access appointments will be included as will other services delivered by networks of practices.

All GPs on the National Performers' List will automatically be covered by the scheme for all work included in the scope described above. The scheme will be administered by NHS Resolution.

Editorial: Indemnity update	1	Big increase in subject access requests since GDPR	5
Next Generation GP Programme	2	FIT test	5
Pensions and taxation	2	NHS Long Term Plan	6
GMC correspondence	3	Research on 'telephone-first' approach	6
Reminder to display your CQC rating	3	Missed GP appointments	6
Managing GP workload – let's work together	4	Study on national media's portrayal of general practice	6
PM coaching and mentoring service	4	Cameron Fund newsletter	6
Data protection breaches	5	Save the date – Pan Devon Safeguarding GP Leads event	7

### Next Generation GP Programme – Emerging Leaders in General Practice

Next Generation GP – a programme for emerging leaders in general practice designed by, and for, a group of early-career GPs and trainees – is coming to Devon.

The course will run from the end of the month and will include LMC representation. More information – including how to register – is available [here](#).

### Motions for the National LMC Conference

The LMC has submitted over 20 motions for consideration at the National LMC Conference – taking on board the views of grassroots GPs.

The motions cover key areas affecting general practice including intermediate care, investment, recruitment, pensions, information technology and the new General Data Protection Regulation (GDPR) law.

We look forward to seeing how many motions make the final agenda at the Conference, which takes place in Belfast on Wednesday, 20 March.

A delegation from the LMC – including representatives from all three sub-committees – will be attending the event.

### New member of the Executive Team

Debra Byam will join the LMC as an Executive Administrator on 4 February. She has extensive and broad admin experience and will fill the current vacancy following a recent staff departure.

In the meantime, the workload will be closely managed to ease the burden on the Executive Team's back office

## Pensions and taxation

Many GPs are at a stage in their professional lives where their earnings and their pension contributions verge on or exceed the annual and lifetime limits set by HM Revenue and Customs (HMRC).

The risk is that this may not become known until after the deadline for declaring it. The resultant tax bill for breaching the allowance is unavoidable, but failure to declare in time means that there is a hefty interest charge as well.

We are aware of cases where GPs have experienced delays in accessing their pension statements.

When there are problems with Capita's performance the following steps should be followed:

- At the moment, if a practice or individual has any issue due to the service provided by Primary Care Support England (PCSE), such as delays or errors in payment, they should contact PCSE in the first instance to resolve the issues [pcse.enquiries@nhs.net](mailto:pcse.enquiries@nhs.net) putting appropriate details in the header to ensure PCSE can pass details onto the relevant back office team.
- PCSE has to be given a chance to sort out the complaint. We suggest their initial response should be within 10 working days and the complaint should be satisfactorily dealt with within 40 days.
- If the issue is not resolved by PCSE in a timely manner as above then you should email NHS England [pcse.ppinfo@nhs.net](mailto:pcse.ppinfo@nhs.net) We suggest that you include the following details in your email:
  - Your name and address (or the name of the practice and its address)
  - The reason for your claim
  - A clear explanation of the facts

- What losses are you are claiming (these may be direct losses such as your contractual payments, or indirect losses such as costs incurred because of having to take out a loan to pay for practice expenses)
- Attach any supporting documents which verify the facts in the letter and the amount claimed
- A date by which you want a full response, we recommend 28 days
- Any other relevant information
- NHS England should then be in contact about your claim. You should note that by accepting an offer of compensation it could mean you forego the right to seek any further redress, so please consider fully all losses that you suffered because of failings by PCSE.
- You may even wish to consider taking up your claim via the small claims court, however not all claims are suitable for this route. See guidance on bringing a small claim to the court. An alternative approach might be to contact the General Practitioners Committee (GPC) [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk) who can escalate the issue on your behalf. Please include the previous correspondence and a clear outline of the issue and the desired outcome.

As always, our advice is that you should take individual professional advice about strategies to reduce annual allowance bills, such as removing part of your earnings from superannuation calculations.

## **GP practices face pension contribution rise**

GP partners may have to pay around £7,000 more per doctor each year for employer contributions to the NHS pension scheme, it has been revealed.

The Department of Health and Social Care (DHSC) is proposing introducing a new contribution rate of 20.6% – up from the current 14.38% – from next April as part of a consultation on proposals to change NHS pension scheme regulations. You can view the consultation [here](#) It closes on 28 January, 2019.

The GPC will be working to ensure this new cost is fully funded by the Government and will be responding to the consultation about the wider implications to GP pensions.

## **GMC correspondence**

In many cases, and for very reasonable reasons, such as the practice pays the GMC annual subscriptions for partners, GPs give their practice address to the GMC. The GMC has been known to remove from the list those who have not paid their subscriptions, even for understandable reasons. It is also worth bearing in mind that GMC correspondence could deal with complaints. GPs should consider carefully whether the use of a personal address might be a better option for GMC correspondence.

## **A reminder to display your CQC rating**

Practice managers are reminded to display their organisation's Care Quality Commission (CQC) rating in patient-facing areas. CQC ratings provide patients and members of the public with a clear statement about the quality and safety of care provided at a practice, which improves transparency. There has also been a requirement for practices to display their CQC rating since April 2015.

Posters showing practices' up-to-date ratings are available to download – simply visit your organisation's page on the CQC website. GP practices can also download a poster showing ratings against the six key population groups. When printing posters, practice staff should ensure that they are in colour, a minimum size of A4 and displayed in prominent patient-facing spaces – such as a waiting area.

As well as displaying ratings on their premises, providers must display their ratings on their website.

The CQC has developed a range of resources to help organisations correctly display their rating. More information is available [here](#).



## PM Column: Managing GP workload – let's work together

By Richard Ward, Practice Manager at Chiddenbrook Surgery

Hands up if your surgery uses evidence-based medicine.

Hopefully, most of you had your hands up. Suffice to say that the BNF, NICE, etc, look nationally at health outcomes to develop the evidence base. It's not perfect, but it's the best we've got. By the way, hands down if you haven't already!

OK, here's another question. Hands up if you use empirical evidence to manage your surgery's clinical workload? Hands down. If you do great, but I'm guessing it's not based on the full picture.

Why do I say that? Two reasons: one, changes elsewhere in the health system over which we have no control affect GP workload and two, the effect of those changes at practice level are usually too small to be 'statistically significant'.

Statistical significance is important for general practice, because we deal in relatively small numbers – especially compared to foundation trusts. For example, when the community hospital beds closed a couple of years ago it only involved a

few patients at some surgeries. The community hospital patients, now at home, must have had a workload impact on their registered practices, but the extra work was lost in the myriad of other pressures on GP time. The same might apply to the amount of time general practice spends managing patients waiting for their referral appointment.

The only way to spot the impact of this sort of thing is for practices to collaborate and pool data. If you ask me what data we need to pool, the answer is I don't know – but I bet someone does. In my view any work to create a statistically significant workload dataset is going to be better than adding to the general practice book of 'poor old me', or moaning to whoever made the mistake of asking 'how's the job going?'

It's difficult to work together, I know. It's time consuming and we are all different. I get that, but we need to find a way.

Of one thing I am certain: if we don't make a start general practice will continue to get dumped on. With no evidence there will be no resource, and no resource means more work for no pay.

Anyway, my final question...hands up if you think it's worth pursuing?

If you want to be statistically significant, email me: [richard.ward3@nhs.net](mailto:richard.ward3@nhs.net)

Hands down – and thanks for your time.

## PM coaching and mentoring service

Practice managers are being offered coaching and mentoring sessions as part of a programme by NHS England.

There are 700 places available nationally, subject to a suitability assessment and on a first come first serve basis. Up to four 90-minute sessions are offered to help identify goals and think through challenges and opportunities.

The deadline to apply is Monday, 21 January, 2019. Register your interest [here](#).



## Data protection breaches

By Bex Lovewell, Data Protection Officer at Sentinel

One of the things I am told when visiting GP practices is that they have fortunately not had any personal data breaches since the implementation of the General Data Protection Regulations (GDPR) and Data Protection Act 2018 and therefore they have nothing recorded on their internal register. Although this could be possible, it is possible that staff members may not necessarily identify a data protection breach as a breach.

A personal data breach is a 'breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed in connection with the provision of a public electronic communication service.' Below is a list of the types of breaches which could occur in a practice:

- Referral letter being given to the incorrect patient
- Access to medical records by an employee who had no reason to access them
- Patient's names and addresses being left unattended in an unlocked room which you cannot be certain that it has not been accessed by someone else
- Sending an insurance report to an incorrect person via email or post
- Medical records being sent to a solicitor without third party information being redacted
- Patient given online access to medical records of their husband without the practice obtaining the consent of the husband to provide access to the wife
- Employee records being damaged by fire or flood
- Personal data held on an IT system being corrupted or unavailable due to ransom ware attacks
- Medical records being unavailable due to being misplaced or lost.

This list is not exhaustive and not every breach will need to be reported to the Information Commissioner's Office (ICO) via the [Data Security and Protection Toolkit](#). However, these types of breaches should always be recorded on your [internal register](#) as this ensures that you adhere to Article 33(5) of the GDPR. If you are unsure as to whether a personal data breach has occurred, please contact your Data Protection Officer who will be able to assist you.

## Big increase in subject access requests to practices since GDPR launch

The number of subject access requests (SARs) GP practices are receiving each month from patients and their representatives have increased by more than 30 per cent since the introduction of GDPR legislation, according to a survey of GPs by the GPC. More than 1,500 GPs responded to an online survey asking how many SARs they received each month on average in the year prior to the introduction of GDPR in May, and then how many they had received in the last calendar month. The average before May was 8.57 requests a month, while the average received in the past month was 11.68, implying a rise of 36 per cent. Read more [here](#).

## FIT test

GPs across the South West are now able to access the faecal immunochemical test (FIT) a new diagnostic test for the assessment of patients presenting with lower abdominal symptoms, who are classed as 'low risk' but not 'no risk', of cancer.

The test should be offered to patients without rectal bleeding, who are:

- Over 50 with unexplained abdominal pain or weight loss.
- 50 to 60 with changes in bowel habit or iron-deficiency anaemia.
- 60 or over with anaemia without iron deficiency.

## Important

- Samples from patients that do not meet this criteria will not be analysed. Please note that patients under 50 years old are not currently eligible for this test.
- Samples that are not accompanied by a fully completed test referral form will be returned. GPs should ensure the referral form (which is inside the pack) states the referral criteria, requesting location, or QF number, and patient details, and replaced back inside the pack for the patient to send off with the kit.
- Patients do not need to be offered the test if they are already eligible for the suspected colorectal cancer referral pathway.
- Packs should not be stored in individual GP practice rooms – they should be stored centrally in the practice to preserve shelf life and manage stock control.

## NHS Long Term Plan

NHS England has launched its [long-term plan for the NHS](#) which sets out its vision for the future direction of the NHS. The plan lays out ambitious aims for the health service linked to an expansion in digital services and a focus on preventive care. The previously announced £3.5bn for primary medical care and community services has been increased to £4.5bn, in part as a result of the GPC's current contract negotiations. There is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services. This is described as an "NHS-first" and is a direct result of GPC campaigning in recent years.

There will be a focus on the development of [primary care networks](#) with a network contract built on the current GMS contract. More details will be provided about this shortly, once contract negotiations are completed. The intention is that practices should be able to lead and direct networks, which will enable an expansion of the workforce to include pharmacists, physiotherapists, social prescribers, paramedics and physician assistants, and to help rebuild and reconnect the primary healthcare team within an area.

The plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations, to offer more online booking and online repeat prescribing ordering. Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement.

## Research on 'telephone-first' approach

Exeter University Medical School has carried out research on patient views on a 'telephone-first' approach in general practice in which all appointment requests are followed by a telephone call from a GP. The findings revealed that the approach works better for some patients than others – and how the system is implemented is often key. Read more [here](#).

## Missed GP appointments

Recent NHS Digital data has shown that more than 15 million consultations are being wasted because patients fail to show up for their GP appointments. [NHS England are urging patients to let their GP practice know if they are unable to make their appointments](#) so it can be filled by another patient. Read the GPC's statement [here](#).

## New study on national media's portrayal of general practice

A new study exploring how general practice and GPs are depicted in UK national newspapers has just been released. Read more [here](#).

## Cameron Fund newsletter

The latest newsletter from the Cameron Fund (CF) – a medical benevolent fund charity which supports GPs and their families in times of financial need – is available [here](#).

## Save the date – Pan Devon Safeguarding GP Leads event

The Pan Devon Safeguarding GP Leads event will take place all day on Wednesday, 27 March, at Cullompton Community Centre (EX15 1JX). If you would like to make suggestions about topics you want to hear, or require further information, then contact:

- [D-CCG.SafeGuardPrimeCare@nhs.net](mailto:D-CCG.SafeGuardPrimeCare@nhs.net)
- Gillian Scoble, Primary Care Safeguarding Nurse: [gscoble@nhs.net](mailto:gscoble@nhs.net)
- Stephanie Rayner, Primary Care Safeguarding Nurse: [stephanierayner@nhs.net](mailto:stephanierayner@nhs.net)

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**Copy submissions for February's newsletter should be emailed to [richard.turner@devonlmc.org](mailto:richard.turner@devonlmc.org) by noon on Friday, 25 January, please.**

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