**July 2017**

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**Update on the rollout of the new medical records movement service**



The service will be rolled-out in four phases across the country, starting July 2017. The proposed phases are:

1. The North of England – the new service will be introduced July 2017
2. West Midlands – the new service will be introduced around October 2017
3. East Midlands, South East and London – the new service will be introduced around December 2017
4. South West – the new service will be introduced around January 2018

**What will be different?**

From week commencing 17 July 2017:

* You will receive a unique tracking label for each record requested from your practice
* You will need to match the tracking label with the relevant medical record and affix the label to the front of the shipping bag
* Shipping bags will be collected by CitySprint on your usual collection and delivery day, but CitySprint will now scan the label so the record can be tracked
* You will be able to start tracking the status of records on the PCSE portal
* Records collected from your practice will be delivered directly and securely to their new practice or into storage.

**How your practice can prepare for the new service**

* Please try logging into the PCSE portal to check that you have access.   You will be able to use the records section of the portal to start tracking the movement of records, to return GMS3 forms and to order additional tracking labels (if required).
* Your portal password may have expired if you haven’t logged in for a while. You can re-set it by going to the ‘Login’ page and click on the ‘forgotten your login details’ link.
* The Main Contact in your Practice will be able to set up additional users for your practice by logging into the [PCSE portal](https://secure.pcse.england.nhs.uk/_forms/pcsssignin.aspx?ReturnUrl=%2f_layouts%2f15%2fAuthenticate.aspx%3fSource%3d%252F&Source=%2F), clicking on *User Management*, and selecting *create new user.*
* If you have any queries about the PCSE portal please email us: [PCSE.portalenquiries@nhs.net](mailto:PCSE.portalenquiries@nhs.net)

**To help with a smooth transition to the new service, please can you also release any records you may still hold for deducted patients since March 2016.**  
   
**What happens next?**

* Nothing changes yet. Please continue to follow your existing record movement process.
* From the week commencing 17 July, CitySprint will start delivering labels with your usual collection and delivery.
* From the week commencing 24 July, CitySprint will start collecting labelled records from your practice.
* After 14 August, CitySprint will only be able to collect labelled records, so please release any records you don’t have labels for before then.

We will continue to send a weekly email to the main contact we hold for your practice. These emails contain information to help you transition to, and understand the new service so please look out for them.  
   
**Guidance and support with the new service**  
PCSE has produced a range of materials to help guide you through new processes and answer any queries you may have.

**Look out for your information pack**

Next week, on your usual collection and delivery day, CitySprint will deliver an envelope containing important information on new processes. If you don’t receive this envelope from CitySprint, please ask the courier for it.  
   
A series of short videos and answers to frequently asked questions on the new service are available on the ‘GP Records’ section of the PCSE website. [**http://nhs-pcse-staging.azurewebsites.net/**](http://nhs-pcse-staging.azurewebsites.net/)

If you have any queries, please email: PCSE.enquiries@nhs.net, and put ‘**Medical records’** in the email subject line, or call on 0333 014 2884.

**Medical note requests from the police**



The BMA has received new legal advice regarding medical note requests received from the police, which are detailed below.

There is clear guidance regarding the obligations that GPs have with respect to copying and/or release of the GP record. For your reference, these circumstances are:

* If the police do not have a court order or warrant they may request voluntary disclosure of a patient’s health records under section 29 of the Data Protection Act 1998.
* However, while health professionals have the power to disclose the records to the police where section 29 applies, there is no obligation to do so.
* In such cases health professionals remain bound by the long-established common law duty of confidentiality and may only disclose information where the patient has given consent, or there is an overriding public interest. They may also be required to defend their decision to disclose before the GMC which is a statutory tribunal.
* Disclosures in the public interest based on common law are made where disclosure is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, treason, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category.

Your practice is entitled to a fee for producing the notes. There is no set fee for producing these notes, as they are not considered a subject access request that you may receive from a patient. Therefore, the practice is able to set its own fee.

In order for you to proceed with the police request, please find attached a pro forma that we recommend you complete and send to the police authority. We recommend that you obtain each of the following:

1. Provide written patient consent to release of their records OR provide written confirmation as to the nature of the serious crime allegedly committed by the patient and an explanation as to why the patient’s records, or other information requested, are considered necessary for the specific purpose you are pursuing. You will require one of these in order to fulfil your responsibilities as the Caldicott Guardian.

2. Confirmation in writing that the fee of £xx will be paid within 28 days of the police receiving the record. This fee is due to the disproportionate effort placed on an already overburdened GP practice to provide these notes which recognises the need to support the police in their investigation of a crime, where appropriate to do so.

3. Written confirmation from a senior police officer – ranked Superintendent or above – that he or she considers that the crime being investigated is a serious crime in line with the examples provided above.

Once you are in receipt of each of these at the practice, and have checked the appropriateness of release of the records, you should respond to the police authority as soon as possible.

Alternatively, should it be appropriate for the police to view the record (based on answer to 1 above), then there is the option for them to view the record in the practice in the presence of a practice staff member. In this situation there is no fee chargeable.

There is no set fee for providing records in this manner. Therefore, it is the responsibility of individual practices to set their own fee for this work. When completing the attached pro forma you must enter the fee you choose to charge.

It is vital that the police agree in writing to pay the fee, otherwise you will not be able to claim for the service. If the police authority does not agree to pay the GP can decide whether they would like to provide the service free of charge, or not at all.

Please note that if the police authorities have a court order or warrant for disclosure of the records, you may be required to comply with the request even where a fee has not been paid or agreed. This will depend on a number of factors, including the terms of the court order or warrant.

GPs should, in all cases where there is no patient consent, consider whether the benefits to an individual or to society of disclosing the records outweigh both the public and the patient’s interest in keeping the information confidential before agreeing to disclose the records.  
  
For any queries please email:

[info.professionalfees@bma.org.uk](mailto:info.professionalfees@bma.org.uk)

A proforma for use in practices is attached.

**Examples of learning points requested**



Do you have any articles which you feel may be of benefit if shared with our members? Perhaps examples of learning points which have arisen in your practice, or something that is going on in your area, which you feel may be of interest/relevance to others?

If so, please email them to [enquiries@llrlmc.co.uk](mailto:enquiries@llrlmc.co.uk) anonymising patient and practice and we will include them as a regular feature in our future newsletters.

**Incident:** A 77-year-old man presents to his GP with a chest infection. On leaving, as an aside, mentions his 2 brothers have had abdominal aortic aneurysm repairs. GP requests ultrasound through UHL; letter received from UHL 1 month later as “screening not offered.” Patient does not follow up, nor does GP. 6 months later the patient dies from a ruptured abdominal aortic aneurysm and a coroner’s inquest is held.

**Learning:** All men are offered AAA screening when they turn 65, however, some men may be missed as they may have been too old when the screening program started. Men can self-refer for screening by telephoning   0116 2586820.

Practitioners are cautioned to clinically assess and where appropriate ensure follow up on rejected investigations.

A poster is attached that Practitioners can use in their practices if they find it helpful.

**Vacancies**

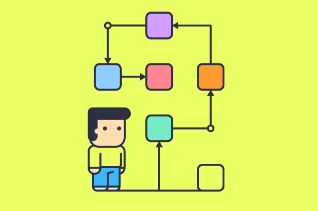


Uppingham Surgery currently have two vacancies:

* GP – 4-8 sessions per week
* Advance Nurse Practitioner

The closing date for both positions is 10 December 2017. For further information please see the two job descriptions attached.

**Quick step by step guide to the GP Induction and Refresher scheme (England)**



This is a brief summary to help you understand all the steps required under the [GP I&R scheme in England.](https://gprecruitment.hee.nhs.uk/Induction-Refresher) GP I&R scheme in England. There are a number of steps you will need to undertake to be able to register and work as a GP in the NHS.

For eligibility criteria please see the[**GP NRO website**](https://gprecruitment.hee.nhs.uk/Induction-Refresher/Who-Can-Apply) **.**

1. Usually the first thing you should do is [**register with the NRO**](https://gprecruitment.hee.nhs.uk/Induction-Refresher/How-To-Apply) for the who will direct you to the HEE Local I&R Lead. This may take a little while to organise and arrange a review appointment.

2. Some qualified GPs with previous UK experience may be able to apply for the [**Portfolio Route**](https://gprecruitment.hee.nhs.uk/Induction-Refresher/Portfolio), this requires approval by the NHS England Medical Director before application to the RCGP.

3. Qualified GPs with previous UK experience will need to renew their GMC registration and licence for the scheme

4. If you qualified as a GP outside the UK, you will need to contact the [**GMC for Registration**](http://www.gmc-uk.org/doctors/registration_applications/join_the_register.asp)of your EU qualifications or if you qualified outside the EU you will need to apply to the [**GMC for a CEGPR.**](http://www.gmc-uk.org/doctors/UIMGinfo.asp)  .

5. You will also require a [**licence to practice**](http://www.gmc-uk.org/doctors/licensing.asp) as a GP from the GMC.

6. You must be on the GMC GP Register, without [**GMC conditions or undertakings**](http://www.gmc-uk.org/DC6535_Information_for_doctors_who_have_undertakings_or_conditions_that_affect_their_practice_58388105.pdf) (except those relating solely to health matters) to qualify for the scheme

There is a lot of paperwork to organise so please read through their site carefully [**Applications guidance**](http://www.gmc-uk.org/doctors/applications.asp)

7. And you will also need to apply for the [**National Medical Performers List**](https://www.performer.england.nhs.uk/) . (MPL)

8. As of September 2016 the [**Cheshire and Mersey NHS England**](mailto:england.iandrscheme@nhs.net) team will lead on the all applications to the MPL on behalf of the Local NHS England team you will eventually be transferred to for your I&R placement.

This includes a lot of checks; you will need an Occupational Health check, a Disclosure and Barring Service check and a Police Check, two references to name a few things. (See below)

9. You will need to register for an [**NHS Email address**](https://digital.nhs.uk/nhsmail) you can usually only do this when you have an identified I&R placement in a GP practice

**You should plan to start these applications at about the same time as you register for the MCQ unless you wish to have a deferred start of 6 or more months.**

**FDR for 2017/18**

Within the West Leicestershire CCG area, practices have had their finance meeting with the CCG to discuss FDR for 2017/18.

There have been discussions around mandatory spirometry training and funding and the CCG is looking at some funding options for that.

The LMC is aware of this and is engaging with the GPC to get national update.