

De-registering patients

The LMC wishes to remind practices to be mindful of the [legislation](#) regarding the removal of patients from their practice list to avoid receiving a breach notice. However, if practices do receive a breach notice, as long as the practice has remedied the breach, then the notice should not have an impact on the practice's current activity.

Certificates GPs cannot charge for

The following [guidance](#) is a reminder of what certificates GP cannot charge for.

Bricanyl Turbohaler Supply

The department of Health and Social Care has provided the BMA with the following update on Bricanyl Turbohaler (terbutaline 500 microgram turbohaler)

- Astra Zeneca have informed DHSC about a supply issue affecting Bricanyl Turbohaler
- There will be interim deliveries expected in late November and in December but normal supply will not resume until end of January 2019
- Astra Zeneca have provided a [Dear HCP letter](#)
- UKMi have produced a memo which details clinical management strategies, this can be viewed on the following [link](#)
- Salbutamol products are available from a range of suppliers if patients are required to be switched during this period of short supply. Patients will require retraining if they are required to be switched to a different device

Care of Migrants in General Practice

Here is a useful updated [toolkit](#) to advise on dealing with migrant health issues.

PGP Quickstart Programme

The LMC is pleased to announce that a further 8 practices are now participating in the PGP Quickstart Programme which started on 12th December. This is an NHS England funded quality improvement initiative.

District Nursing and flu vaccinations

The LMC attended the area prescribing committee where the subject of district nurses helping practices with flu vaccinations was raised. Whilst unfortunately there is no PGD this season that covers district nurses, MPFT have assured stakeholders that they are very willing to help out. In order to do this, they have requested PSD. Most practices have a PSD system in place to allow their HCA to administer so it would be similar to that. Some practices report being unhappy with this outcome, and so the choice of issuing an FP10 was offered as an alternative method to gain the help of district nurses. Previous communications suggested the lack of a PGD meant that district nurses would not help at all and so the above clarification should be of help when liaising with your local teams.

Guidance on prescribing

The LMC attended the area prescribing committee that met in common with the South of Staffordshire

for the first time. It appears the South have had a more collaborative and realistic approach to their remit. The South chair clarified that although the local formulary is hoped to be useful guidance, it is up to individual prescribers to decide what they are happy prescribing. This leads to the issue of some of the amber rated drugs being dumped in general practice. Just because the drug is Amber, does not obligate a GP to prescribe it. The formulary is a suggestion. At the meeting, it was noted that all GP in East Staffordshire had repatriated DMARD shared prescribing back to the hospital and this is a welcome development for GP.

The following [Guidance on prescribing](#) , is useful to embolden GPs:

CPRD and UK BioBank

Practices may recently have had communications about sharing their patient records with either or both UK BioBank and CPRD. Both are highly respected research organisations.

UK BioBank is a genomic study following a cohort of patients recruited up to 2010. On average, each practice is likely to have 60 patients in the scheme. The entire patient record is shared. It is consent based. CPRD's approach is to link large health data sources and then provide extracts for researchers in an anonymous or pseudonymous form. It currently has records on 35 million patients. It operates under an exemption for the common law duty of confidentiality and, for GDPR, probably relies on the processing for 'research purposes' lawful basis (this is a non-consented lawful basis). The entire practice patient database, except those who have opted out, is shared.

In both schemes, they will be accessing the records via the practices GPsoc core clinical supplier.

As the data controller of the patients' records the practice has responsibilities under GDPR. Some of those responsibilities are clear and have already been communicated; updating Privacy Notices, Processing

Registers and doing a DPIA (which must be done before any sharing takes place). Other aspects are not as clear because of the data controller / data processor relationships.

In addition, GP data controllers have responsibilities to ensure processing remains transparent whenever there is a change in data sharing arrangements. We are in the process of clarifying with the ICO if this places any additional responsibilities on practices and hope to be able to offer definitive advice soon.

However, in the meantime we recommend that practices do not agree to either scheme unless they are clear that they have fully complied with their GDPR responsibilities.

ELF testing

Further to previous LMC advice the CCG has confirmed that they are working on a new liver pathway. This should result in the commissioning of a LIS for practices for 2019-20. The LIS is expected to require practices to maintain a register for patients who have had a previous ELF test, and arrange 3 yearly re-testing for these patients. With this in mind, it would seem reasonable to undertake the 1st ELF test in General Practice, and only refer those patients who test positive.

New BMA Ethics guidance: decisions about clinically-assisted nutrition and hydration

The BMA have announced that they have published new guidance, *Clinically-assisted nutrition and hydration (CANH) and adults who lack the capacity to consent: guidance for decision-making in England and Wales*. This is published jointly with the Royal College of Physicians and endorsed by the GMC.

The guidance is in response to a number of legal developments which have altered how these decisions should be made. It provides the most up-



to-date statement of your legal and professional obligations; sets out the decision-making process that should be followed; and provides practical guidance on approaching best interests assessments and second opinions.

In addition to the main guidance document, the BMA have also published a quick reference guide; a guide to implementation aimed at healthcare providers, funders, and managers; and a short information leaflet for families about their role in the decision-making process. Practices can access these, as well as various training resources, [here](#). If you would like hard copies sent to you, please e-mail ethics@bma.org.uk with your mailing details. You can also read the BMA's exclusive piece with [The Guardian](#) or our comment on [BMJ Opinion](#) to find out more.

Christmas and New Year opening times

Practices are reminded of the [letter](#) NHS England sent out last month regarding opening times. The opening times practices are required to adhere to are shown in the first paragraph on page 2.

GPC Newsletter

Here is the latest [Newsletter](#).



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