

LMC Update Email

7 September 2018

Dear Colleagues,

GDPR Survey on Subject Access Requests

The introduction of GDPR, and the removal of the ability to charge to cover the costs of responding to subject access requests, is having a significant impact on practices. We are also hearing from many areas of the country that SARs have increased significantly since these changes were made in May. This clearly has had financial and resource implications on GP practices.

In order to accurately quantify the full scale of this problem, we are surveying all practices across the UK to collect information on this issue. We would be grateful if LMCs could ask as many practices as possible to complete this survey as soon as possible.

Please click [here](#) to access the survey (only 1 response per practice). A copy of the questions, so you know what the survey covers, is also attached.

Long Term Plan for Primary Care

This week, I attended an NHS England workshop along with representatives from a variety of other organisations, including RCGP, Family Doctors Association, Royal Society of Physiotherapists, Citizens Advice, NHS Clinical Commissioners and National Voices, to discuss our shared vision of primary care over the next ten years. This follows the announcement by the government of £20bn for the NHS in England, and the task set for NHS England of developing a [long term plan](#). The expectation is that this plan should be agreed and written by the time of the budget in November.

It provided an opportunity to highlight again the many solutions we outlined in GPC England's Saving General Practice report, and there was common agreement that we needed to move beyond the rhetoric of promising to invest in and develop general practice, primary care and community based services, and instead this time we must take the opportunity to actually do this.

The discussion focused on familiar themes, including increasing the workforce, better integration of the workforce, better technology to enable access (to care and to information), better system interactions (to allow all relevant primary care workers to access the information they need in an appropriate manner), empowerment of patients to manage their own conditions and have greater confidence in self-care, and greater funding (flowing in an easier way to allow appropriate decision making). Some of these are subject to our current negotiations between GPC England and NHS England.

There was broad agreement that general practice should be at the centre with better integration at locality level, with empowerment for networks of primary care providers to make decisions about how services are delivered with a shared goal for what they want for their locality. A key factor in making this work is for GP leadership of the network, with control over how funding is spent, how services are delivered and how the workforce is constructed to meet the needs of patients within the locality. This must all be underpinned by additional funding (both contractual and non-contractual) – again a discussion for our negotiations - and should support the practices involved. NHS England seems receptive to these suggestions and has already committed to network development to help sustain general practice and through it, primary care.

Mental health therapists in primary care

NHS England has published guidance for GP practices encouraging practices to consider enabling mental health therapists to be based within their practice premises. The guidance, which forms part of NHS England's commitment to increase the number of mental health therapists by 3000, highlights how practices could benefit from developing a closer working relationship with local mental health therapists by doing this.

In response to this, I commented: "With practices struggling to meet the growing needs of patients, and many patients seeking help for mental health issues, it is vitally important to provide more support for both patients and practices, and for therapists to be an integral member of the practice team. Whilst this initiative to base these staff within the surgery building is very welcome, we need to ensure recurrent new funding to support this expansion in the workforce is in place, that premises developments are supported to enable practices to have sufficient space to host more clinicians, but also that sufficient therapists are being trained to avoid simply taking these skilled professionals from existing overstretched IAPT services."

Read the NHS England guidance [here](#).

Read the article in [Pulse](#).

Physician Associates in Primary Care resource pack

An increasing number of practices are employing physician associates (PA) as more become available to work in general practice. A Physician Associate in Primary Care resource pack has been developed for Local Workforce Action Boards and Health Education England (HEE), which outlines numbers and locations of PA trainees and sets out what their role is.

The attached letter outlines HEE's commitment to the increase in PAs working in primary care and provides a number of links to materials available on the [Faculty of Physician Associate website](#).

Read the latest GP newsletter [here](#)

Have a good weekend

Richard