

GP Bulletin

30 June 2017 / Issue 218

About this bulletin

To minimise the number of emails sent to practices, the Local Regional Team is using this weekly bulletin as its main method of communicating with practice managers covering the 364 practices in Bristol, Somerset, North Somerset, South Gloucestershire, Devon, Cornwall and the Isles of Scilly. The bulletins contain important information for practice managers, which might include requests for information and deadlines, as well as updates on issues relating to GP contracts.

Copies of the bulletins and attachments are available on our website:

<https://www.england.nhs.uk/south/info-professional/medical/dcis/gp-bulletin/>

If you have any questions or wish to provide feedback, please contact the Primary Care Team:

england.primarycaremedical@nhs.net

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Key Deadlines

NDA submission (for Devon practices only)	between 12 June – 21 July	Via NHS Digital website
The Learning Disabilities 2017/18 service sign-up	by 5th July 2017	Via CQRS
CQRS declarations for payment in the same month	9 th of each month	Via CQRS

• Items for all Practices

Backdated CVI payments

This item relates to the target payments related to completion Childhood Immunisation & Vaccination at aged two and five, which are paid on a quarterly basis, based on the information practices submit via the OpenExeter system.

Some practices will be aware that since the processing of claims for childhood immunisations and vaccinations moved over to PCS England (Capita), it has become very difficult for practices to claim if they have missed the initial submission window, which closes one month after the end of the quarter. This has been compounded by the fact the service moved to PCS England around the same time as this payment moved out of the baseline for PMS practices in some areas - we believe that some PMS practices may have fallen out of the habit of updating the records on Open Exeter.

The current situation is that if a practice misses the cut-off date, for any reason, PCS England advise practices to contact their local regional team to approve payment.

Whilst in the past, local primary care support offices may have been willing and able to help with such issues, the national service will only work to the specification that has been agreed. NHS England local teams work within the Statement of Financial Entitlement that states:

11.12. The amount payable as a Quarterly TYOIP is to fall due on the last day of the quarter after the quarter in respect of which the contractor is seeking payment (i.e. at the end of the quarter after the last quarter in which immunisations were carried out that could count towards the targets). However, if the contractor delays providing the information the Board needs to calculate its Quarterly TYOIP beyond the Board's cut-off date for calculating quarterly payments, the amount is to fall due at the end of the next quarter (that is, just under nine months after the cohort was established). No Quarterly TYOIP is payable if the contractor provides the necessary information more than four months after the final date for immunisations which could count towards the payment.

However, locally we recognise that there has been confusion around this process causing some practices unnecessary shortfalls in their anticipated funding.

Therefore we in the South West have agreed that we will honour backdated claims for the 5 quarters from 1 January 2016 for a fixed time period. **Practices who believe they have missed a quarter payment should email phcontractssouthwest@nhs.net for a claim form. Claims must be logged by 31 July and forms should be submitted by 30 September. After this point we will not have any resources to process backdated claims except in truly exceptional circumstances (see below).**

Please note that for future quarters, from the quarter starting 1 April 2017 (which you can claim for up to 31 July) and going forward, we will be working to the Statement of Financial Entitlement and will not be approving any backdated payment for these claims except in truly exceptional circumstances. Staff changes, sickness absence, holiday are not considered exceptional circumstances.

In practice, you can submit claims for this activity from the first day of the quarter i.e. for quarter 1, at any point in time from 1 April until 31 July. All these vaccinations are scheduled for patients at a much earlier time, so most should be completed long before the window starts. As of 1 July, you cannot include any vaccinations carried out in this quarter, but you still have a month to complete the submission.

We recommend that practices

- do not leave it until the last day of the month to make the submission
- do not leave this task to one member of staff to make the submission, with no arrangements for sickness, holiday or staff changes, including training and getting access to the system for new members of staff
- contact PCS England before the cut-off if you are having any problems submitting, or if you notice an error after submitting, but before the cut-off.
- contact PCS England immediately, within no more than a week of the cut-off date passing, if you notice you have missed the cut-off for any reason
- ensure they are signed up to receive reminder emails from PCS England
- ensure that, as far as possible, patients who are no longer attending the practice have been removed from the list in a timely fashion so the denominator is not unnecessarily inflated.

Further information is available at <https://pcse.england.nhs.uk/services/gp-payments-and-pensions/>.

You can also access a guide to how to submit lists via OpenExeter here:

<https://pcse.england.nhs.uk/media/1076/pcse-practice-guide-childhood-immunisations.pdf>

Below please find details of target, claim and payment deadlines.

Target	Submit Claims	Cut-off date for Submission by practices	Payment Date
1 st January	31 st March	1 st May	30 th June
1 st April	30 th June	1 st August	30 th September
1 st July	30 th September	1 st November	31 st December
1 st October	31 st December	1 st February	31 st March

Learning from Serious Case Review Patient V

There have been numerous requests for further information and background regarding Serious Case Review Patient V. Attached is a more detailed briefing, with links regarding SCR V and the learning for primary care.

Cervical Screening Programme Update: NHSCSP policy for Acceptance of Cervical Cytology Samples

The NHS Cervical Screening Programme ‘Guidance for acceptance of cervical samples in laboratories and pathways, roles and responsibilities’

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605326/Guidance_for_Acceptance_of_Cervical_Screening_samples_in_Laboratories_and_Pathways_roles_and_responsibilities.pdf) was published in April 2017.

Please note that as from **1st September 2017** one of the rejection criteria is that all cervical cytology samples received in the laboratory without a locally allocated ID sample taker code will be rejected. This means that the results for these samples will be reported as unsatisfactory and the women will need to be re invited in 3 months time.

It is the sample takers responsibility to ensure that the sample takers code is clearly written on the individual patients’ downloaded Open Exeter HMR101 request form. If you are a new Practice Nurse to the area or are a Practice Nurse needing to obtain a sample takers code you can download the form from <https://www.england.nhs.uk/south/info-professional/public-health/screening/cervical/>

Premises Fire Prevention Advice – Fire and Smoke Dampers

In 2014 the Department of Health issued an alert about the testing of fire & smoke dampers and ensuring the integrity of fire stopping (that alert is attached). The information in this alert is current and in light of recent events it is being recirculated. We ask that you review this information, or forward it to a building manager, fire officer or other such individual to determine whether the requirements of this alert are relevant, and if so whether they have been implemented. We do not require any feedback from you in response. Thank you for your cooperation.

Meningococcal ACWY (MenACWY) communications

From the 1st April a new cohort of Year 13 students became eligible for call and recall of MenACWY. Over the next few weeks Public Health England communications team will be promoting MenACWY vaccination through media channels to promote uptake.

Practices are reminded to:

- Identify eligible population (DOB 01.09.98 – 31.08.99) who have not had a MenACWY conjugate vaccination since the age of 10 (i.e. previous travel vaccine);
- Invite the eligible cohort (template letter available here: www.gov.uk/government/publications/menacwy-gp-invitation-letter-template);
- Continue to recall these young people until they are either vaccinated or decline vaccination through telephone calls, text messaging or other means;
- Only order vaccines needed for the next fortnight to reduce wastage.

Posters, leaflets and other resources are available here:

<https://www.gov.uk/government/collections/meningococcal-acwy-menacwy-vaccination-programme>. Previous Year 13 cohorts (DOB 01.09.96 – 31.08.98) remain eligible until they reach 25. These vaccination appointments are a great opportunity to catch up on other missing vaccinations which may also attract additional payments: particularly check HPV, **MMR** and Td/IPV. Full contracting information can be found here: <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation>. For any further information or support please contact the Screening & Immunisations Team on england.bnsssg.imms@nhs.net

Claiming costs for Regularising Lease Arrangements (GP Practices in NHS PS and CHP premises)

Please find attached the template claim form and process for claiming practice expenses in regularising leases within NHS Property Services (NHS PS) and Community Health Partnership (CHP) premises. Eligible costs you can claim cover Stamp Duty Land Tax, Legal fees (up to £1,000) and Management Charge. The deadline for claims is 30 November 2017.

Oral Glucose Tolerance Tests Update

Just to make you aware the glucose content of Lucozade Energy Original has changed from April 2017. The new reduced content (contains 8.7g carbohydrate per 100ml). Therefore, to deliver a 75g glucose load would require in excess of 800mls of Lucozade.

This change in formulation makes Lucozade unsuitable for use in oral glucose tolerance tests. Imperial College Healthcare NHS Trust suggested recommendations are:

- **75g Anhydrous Glucose**
- **Rapilose is a suitable alternative to 75g Anhydrous Glucose**

Which alternatives hospitals or maternity units want to use should be decided locally between biochemistry and the diabetes department.

Procurement Opportunity – Ernesettle Primary Care Contract, Plymouth

We would like to make you aware that we will soon be starting the process to reprocure the Ernesettle APMS contract for 1st April 2018.

A marketing event will be held on Tuesday 25th July 2017, venue – Astor Room: Plymouth Guildhall, PL1 3BJ from 10am -4pm. Lunch will be provided

Ahead of the event we would be grateful if you could complete and return the attached questionnaire by 5pm on Friday 14th July 2017 and we have also provided some background information about the contract.

Please register your intention to attend **and return your completed questionnaire** via the generic box: england.primarycaremedical@nhs.net

Please feel free to contact us in advance with any questions or queries and we will do our best to assist you with the information you require.

Poster and Brochure for Heales services

Attached is a flyer and poster from Heales Medical Occupational Health services.

- **Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices only**

None

- **Items for Devon, Cornwall and Isles of Scilly Practices only**

Clarification of payment dates for NEW Devon CCG & South Devon & Torbay CCG GP practices.

Since April PCSE have not been consistent on the publication of Open Exeter statement dates and payment dates. Please see below are the dates that payments should be expected. Open Exeter statement dates should be the same as the payment date.

- PMS Monthly & ad-hoc = 7th of the month
- PMS 2nd ad-hoc = last working day of the month
- GMS Monthly & ad-hoc = last working day of the month

PCSE have been notified of the correct dates, so future payments should hopefully occur as above.

National Diabetes Audit (for Devon practices only)

National Diabetes Audit (NDA) supporting improvement in Diabetes care

REGISTRATION IS NOW OPEN

2016/17 data submission closes **Friday 21 July**

The NDA is a national clinical audit of diabetes care, treatment and outcomes, it is now mandatory for GP practices and specialist services in England to submit data.

BEWARE OF A HASTY UPLOAD!

We have been made aware that uploading each of your files may take longer than expected. Files uploaded too quickly may result in not all of the seven records being received by the audit team.

Please wait for the following message to appear after each submission before uploading your next file:

NDA_T12345_1a.csv processed
Import Successful

It is worth noting that there is a trend to upload over the lunchtime period, if possible please try to avoid uploading between 12.00 – 14.00. A full and successful submission will result in seven emails being sent to the user who submitted the data. Please note that the emails can take up to 24 hours to come through but if you do not receive all seven then please contact the NDA team

diabetes@nhs.net

EMIS practices – please be aware the data submission process involves submitting seven files this year, rather than one as in previous years. Also, please follow the NHS Digital guidance to the letter as it has been reported that there have been some problems if Blood Pressure files (BP1, BP2, BP3) are not named precisely. More information: [HERE](#)

Attached is a flow chart on how to participate in the NDA.

NDA upload does not apply to Cornwall and Isles of Scilly Practices, this is being undertaken by the CCG

NHS Dentist Poster

Please find attached a poster from our dental colleagues informing patients of the contact details for Out of Hours treatment and to sign up to a dentist. If you would be kind enough to promulgate in your practices.