

GP Bulletin

1 September 2017 / Issue 227

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 361 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

Contents

- Key Deadlines
- Items for all Practices
 - Changes to Patient Registration Requirements
 - Reminder for patient eligibility for AAA screening
 - SafeLives and IRISi release Marac Guidance for GPs
 - Devon Doctors offers free learning event for clinicians
 - The South West Clinical Network is providing access to CDEP
- Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices only
 - For the attention of Cytology Sample Takers (for Somerset practices only)
- Items for Devon, Cornwall and Isles of Scilly Practices only
 - NICE suspected cancer: Improve your recognition and referral (for Plymouth practices)
 - Peninsula Cancer Alliance seeks GP lead for prevention and early diagnosis (for Devon & Cornwall practices)

Key Deadlines

CQRS declarations for payment in the same month	9 th of each month	Via CQRS
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Submit Extended Access Data	between 1st September 2017 to 29th September 2017	Via Primary Care Web Tool
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• Items for all Practices

Changes to Patient Registration Requirements

From 2 October 2017, GPs will need to complete all new patient registrations using the new family doctor services registration (GMS1) form. The revised GMS1 form contains the same information as the current GMS1 form, as well as a supplementary questions section for overseas patients. Copies of the new form will be delivered directly to GP practices ahead of the 2 October 2017 date. Should any practice require further forms after that delivery, please order these from the primary care service England portal. The form can also be downloaded from the NHS Choices website.

Reminder for patient eligibility for AAA screening

The below summary provides guidance for GP practices on patient eligibility for AAA screening.

Inclusions:

- all men eligible for NHS care registered with a GP within the commissioned screening programme boundaries. Selection is based on year of birth. Men should be offered screening during the year – 1 April to 31 March – in which they turn 65.
- it is acceptable to invite men as soon as they have turned 64, which is the start of their 65th year
- a facility is also available for men aged over 65 on request – see self-referral process for further details
- men resident in local prison establishments during their 65th year
- men in their 65th year known to have a small AAA <5.5cm. Programmes will receive information about these men in the appropriate cohort demographic for that given year. However, they will not be identified as already having a known AAA. The first scan within the screening programme should be classed as their initial scan and previous surveillance scan measurements from any local service discounted. Other healthcare providers such as the GP and the vascular surgeon whose care the man is under should be notified of the screening attendance when this is known to the local programme. It is advised that the man should remain in the screening programme only and not be scanned under two separate services

Exclusions: Individuals are normally excluded from the programme if:

- they have previously been diagnosed with an AAA and fall outside the category as defined above
- they have previously undergone surgery for AAA repair
- their GP advises that they should not be screened due to other health concerns
- they have already had a scan through NAAASP and the aorta was within normal limits

In rare cases a 'best interest' decision may be made to exclude subjects with mental incapacity from the programme. This decision needs to be completed in line with the principles enshrined in

the Mental Capacity Act. Decisions should be made on a case by case basis by the local programme in conjunction with the GP, family and commissioner.

Men who have asked to be permanently removed from NAAASP are not excluded from screening, but do need to be removed from the SMaRT system.

Ineligible:

- under age of 64
- females
- previous AAA surgery*
- over 65 and on local surveillance for a AAA

*Note that in the case of surgery it is only those patients who have had AAA repair that are ineligible.

For more information please see <https://www.gov.uk/government/publications/aaa-screening-standard-operating-procedures>

SafeLives and IRISi release Marac Guidance for GPs

SafeLives has worked with the Centre for Academic Primary Care at the University of Bristol and the IRIS National Implementation (IRISi) project to develop guidance tools for Multi-Agency Risk Assessment Conferences (Maracs) and General Practitioners (GPs).

This guidance is aimed at helping Maracs and GPs work together more effectively to safeguard high risk domestic abuse victims and children. SafeLives know from domestic homicide reviews that GPs can be a great source of relevant information yet, despite this, many Maracs do not have a system for gaining or sharing relevant information with GPs.

The guidance tools include:

1. **GP Guidance Document:** to provide GPs with information to help them confidently share relevant and proportionate information with their local Maracs regarding high risk victims of domestic abuse, children and perpetrators.
2. **GP Information Request Form:** a form that could be used by GPs to share relevant and proportionate information with their local Maracs.

To download these tools either click on the hyperlinks or go to the [Resources for GPs](#) page on the [SafeLives](#) website.

SafeLives are trying to make as many GPs aware as possible (or the relevant GP (ie safeguarding leads) that these tools are now available to support GPs to share information about high risk victims of domestic violence with their local Maracs.

Contact: deidre.cartwright@safelives.org.uk

Devon Doctors offers free learning event for clinicians

Devon Doctors, the not-for-profit organisation which provides Devon's integrated urgent care service, is hosting a free learning event for clinicians at Taunton Racecourse on Wednesday 27 September. Presentations will include Living with Sepsis, featuring a talk from Tom Ray, who lost his face, arms and legs to the condition, and his wife Nicola. The Rays' story was subsequently turned into the critically-acclaimed film Starfish.

Other presentations will be on:

- Suicide awareness
- The Mental Capacity Act
- SWAST's utilisation of resources
- Public Health England: Challenges of managing outbreaks of infectious diseases

See attached flyer for details. For further information, please contact: ddooh.execadmin@nhs.net

The South West Clinical Network is providing access to CDEP

Please find some helpful information attached.

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

For attention of cytology sample takers (for Somerset practices only)

There are still places available for a cytology update training session at **Wellington Medical Centre on Thursday 26th Oct. 2017 from 1.30pm to 4.30pm**. Bookings are now available from the PDI website www.pdinet.co.uk under 'courses'.

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

NICE suspected cancer: Improve your recognition and referral

Following a GP update in February 2016 on the new NICE suspected cancer guidelines, Macmillan GPs, Plymouth Hospitals and NEW Devon CCG are running an educational and networking evening for practice staff to discuss the impact of change locally. The event is at the Derriford Postgrad Centre on 10 October. See attachment for details.

Peninsula Cancer Alliance seeks GP lead for prevention and early diagnosis (for Devon & Cornwall practices)

The Peninsula Cancer Alliance is establishing a Prevention and Early Diagnosis working group, and is looking to recruit a GP lead for the programme of work across Devon and Cornwall. The programme reflects the National Cancer Strategy and the transformation programme for early diagnosis, which focusses locally on lung cancer and FIT testing for colorectal referrals.

The role is offered on a sessional basis; the commitment would be two sessions per week. The job description and person specification are attached.

Any GP interested is asked to send a statement of around 500 words on why they would like to lead the prevention and early diagnosis programme, what leadership positions they hold or have held and how they believe the Alliance will achieve the ambitions of the programme. Expressions of interest should go to emma.derrick@nhs.net by Wednesday 20 September; the provisional date for interviews is 9 October.

The role is supported by Cancer Research UK. There will be a small number of commitments to CRUK as an organisation, while working to their values, which are very much aligned to those of the SW cancer alliances.

The contacts for further details are:

Lynne Kilner, PCA Programme Manager
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