

# GP Bulletin

26<sup>th</sup> February 2016 / Issue 148

## About this bulletin

This bulletin contains important information for practice managers, including 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 –

<http://www.england.nhs.uk/south/dcis-at/professionals/medical/gp-bulletin/>

If you have any questions or wish to provide feedback, please contact the Primary Care Team for Bristol, North Somerset, Somerset, South Gloucestershire, Devon Cornwall and Isles of Scilly by emailing: [england.primarycaremedical@nhs.net](mailto:england.primarycaremedical@nhs.net)

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## Key Deadlines

<b>Sign up for the delivery of the Men ACWY Vaccination</b>	<b>26/02/2016</b>	<b>Cornish Practices only – a copy of the LES and Sign Up sheet can be obtained from <a href="mailto:phcontractssouthwest@nhs.net">phcontractssouthwest@nhs.net</a></b>
DCIOS Directed Enhanced Services Claims BNSSSG Directed Enhanced Services Claims	09/03/2015 14/04/2016	Submission of DES Claim Forms should be sent to - <a href="mailto:england.primarycarefinancedcios@nhs.net">england.primarycarefinancedcios@nhs.net</a>
Offer online access to detailed information from the GP record	31/03/2016	The EMIS and TPP (SystemOne) systems are already approved for use and INPS and Microtest plan to have systems available in February 2016

### • Items for all Practices

#### **CQRS Update and Information on Claiming!**

It is now getting close to year end and we would like to remind all practices to check all your enhanced services claims, especially those services that are on CQRS and check that you have made valid claims for the work that you have done. The easiest way to check is to run a payment declaration report for 2015/16. To do this, simply, click on the reports tab and then select payment declaration. This will bring up the current year and by simply scrolling to the bottom of the screen and clicking on run report you will be able to see, save and or export your report. For any claim that says “awaiting data” it means that no valid claim has yet been made.

#### **Learning Disabilities on CQRS – Are any of your submissions not showing for declaration?**

Just a reminder to say, that the automated extraction is only for the number of health checks undertaken in the quarter. To complete the submission you will need to enter your Learning Disabilities Register size under the ‘Learning Disabilities Payment’ section of the submission, in the second box.

#### **Seasonal Flu – Claiming for Carers**

We have been advised that the automated extractions for the seasonal flu service will not have included carers if they have only been coded with the ‘is a carer’ read code. These patients should also be coded with the read code 9OX4. (needs influenza immunisation) in order for you to be paid for vaccinations given to this patient group. This code will need to be entered in the patient record **each year**, as the patient’s circumstances may change.

If you have any carers who have received a seasonal flu vaccination in 2015/16, but you have not received payment for because they were not coded with ‘needs influenza immunisation’, please manually claim for these in your next submission on CQRS.

## **AUA DES**

Following the issues that were experienced after the mid-year extraction, we thought it would be helpful to clarify the requirements of the enhanced service for 31 March 2016:

### **Assessed via CQRS**

- maintain a Care Management Register at a minimum on 1.8%, however, you need to ensure that over the full financial year an average of 2% is achieved. Therefore, if you achieved less than 2% for Component 2 (30 September 2015), you will need to achieve over 2% to maintain the average.

You can check your percentage achievement by dividing the number of patients on your care management register by the adult registered population (patients 18 and over) from the Service Provider Population report on CQRS (the register used for Component 2 was be as at 1 April 2015, so run the report for the first quarter, and the register that will be used for Component 3 will be as at 1 October 2015, so run the report for the third quarter). Please note, that CQRS works to 7 decimal places, whereas, we believe that the clinical systems will round up to no decimal places.

- all those patients on the Care Management Register should have:
  - been allocated and informed of their named accountable GP
  - either a personalised care plan developed (for new patients on the register in 2015-16) or at least one care plan review undertaken in 2015-16 (for patients already on the register). If the patient has declined either the development of a care plan or a care plan review, this should be coded appropriately

### **Assessed via the Reporting Template (due by 30 April 2016)**

- implement or continue a system for same day telephone consultations for patients on the Care Management Register with urgent enquiries
- specify and use the Practice's ex-directory or bypass telephone number
- review and improve the hospital discharge process for patients on the Care Management Register, including attempts to contact these patients, by an appropriate member of the Practice or community staff, in a timely manner to ensure co-ordination and delivery of care
- undertake regular Practice reviews of emergency admissions and A&E attendances of all registered patients in care and nursing homes, as well as undertaking monthly reviews of all unplanned admission and readmissions and A&E attendances of patients on the Care Management register

We would recommend that you check the following:

- ensure that the read codes are in line with those detailed in the [Technical Requirements for 2015/16](#) (page 8)
- there is an additional read code, in 2015/16, for 'allocated named accountable GP', which should be on patient records and is included in the search for the automated extractions
- the order the read codes are added to the patient record may affect the extracted data, so for example 'admission avoidance care started' should be added before 'admission avoidance care plan agreed'
- where a new patient joins the Practice, who has been on the Care Management Register at their previous Practice, the patient will only count if the care plan is re-discussed with the patient and where applicable their carer. The data collection will search for a care plan code post the date of registration for this patient to be counted

### **News! GMS Contract Changes 2016/17**

Not sure if you have seen it, but there is some information on the contract changes for 2016/17 recently published on the NHS Employers website: <http://www.nhsemployers.org/GMS201617>

### **Patient Online Access Letter**

Please see attached letter regarding the GMS contract and PMS agreements 2015/16 requirement for GP practices to offer online access to detailed information from the GP record, i.e. information held in coded form, where requested by the patient and where GPSoC approved systems are available, by 31 March 2016

### **Flu Outbreak at Dartmoor Prison**

Please find attached a letter advising regarding an outbreak of Influenza A at Dartmoor Prison, together with guidance on the use of antivirals for treatment or prophylaxis.

### **Performers List**

Please remember that you can check to make sure a performer is included in the Performers List at

[www.performer.england.nhs.uk/](http://www.performer.england.nhs.uk/)

You just need to enter the name under 'Performer Quick Search'.

### **Meningitis B immunisation uptake**

Provisional coverage data for the Meningitis B immunisation is due to be published shortly and the Screening and Immunisation Team is aware that this first set of data shows high coverage rates. However, it is important to continue to follow-up any eligible infants, who are not fully up to date with the immunisation schedule, and we would encourage practices to be as proactive as possible to try to maximise uptake. The eligible cohort for the NHS programme is any child born on or after 1<sup>st</sup> May 2015 (catch-up cohort 1<sup>st</sup> May to 30th June 2015, routine cohort 1<sup>st</sup> July 2015 onwards).

## Top Ten Tips for a successful Friends & Family Test in your GP Practice

1. The FFT is the one mandatory patient feedback tool that you need to offer patients. You don't have to do lots of patient surveys to find out what people think and it can complement data coming back from the national GP Patient Survey. Think about other in house patient feedback surveys you do and re-think. Could they be merged into the FFT?
2. Submission guidance (attached – **please note that data has to be submitted by the twelfth working day of each month**)
3. Is the FFT visible
4. Have you linked up your FFT and PPG?
5. Have you ever changed your second question? This could link to point 1
6. FFT resources; national team
7. Sharing good Practice – CQC, link to complaints, triangulating data
8. Make the FFT an accessible and inclusive patient feedback tool that works for you
9. Diary reminder – put it in your calendar to submit FFT data by the 12<sup>th</sup> working day of each month

## Cervical Cytology Half Day Updates for Practice Nurses

Practices are reminded that the NHS Cervical Screening Programme requires all Nurses taking cervical samples for the screening programme to attend a recognised half day update every three years. The Screening & Immunisation Team have been contacting Practices where, according to our records, there are nurses taking samples who are overdue an update. Nurses that have undertaken update training in the past 3 years will need to provide evidence to show attendance. This can be sent by email to [england.bnsssg.screening@nhs.net](mailto:england.bnsssg.screening@nhs.net).

If the nurse concerned has stopped taking cervical samples, retired or left the practice please advise us via the same email address and we will alter our records accordingly.

**If your practice has been contacted and there are nurses that are overdue that have not been able to book on to a course yet, we are pleased to advise that we have organised some extra training dates with our training providers – see below:**

### Bristol, North Somerset and South Gloucestershire

The South West Regional Cytology Training School (based at Southmead Hospital) have arranged two extra half day cervical cytology update sessions for Practice Nurses. The course in May is now full, and an extra date has been booked for 23<sup>rd</sup> March with a further date being planned for July. As always places are first come first served and should be booked via the Avon LMC Practice Staff Training Website.

<http://www.avonpracticetraining.co.uk/>

### Somerset, Devon and Cornwall

PDI provide half day updates across Somerset, Devon and Cornwall at a variety of locations across the South West. Please visit their website [www.pdinet.co.uk/events](http://www.pdinet.co.uk/events) to find dates of face to face courses.

Alternatively for convenience if travel and/or time are difficult PDI provide an on-line update session which can also be booked through their website.

We are aware that there are other providers of Cervical Cytology update training on the internet, and have received queries from a number of Practice Nurses asking if these alternatives are sufficient. Some of these courses have not been approved by the NHSCSP Quality Assurance as meeting the required standards. The

Screening & Immunisation Team would not recommend attendance on a non-quality approved course, since information and advice may be out of date or incorrect.

For nurses moving in to the area who may have been trained outside of the South West, documentary evidence of completion of a Foundation Sample Taker course and three yearly updates are required before the nurse can be entered on our sample taker database and a code issued.

For information a copy of the South West Cervical Training Policy can be found here:

<http://devoncornwallpn.co.uk/cervical-cytology/>

## **Diabetes Audit**

Please see attached information regarding the next Diabetes Audit

## **Leading the Path to Least Resistance Event - Thursday 17 March 2016 - 10:00 to 16:00 - London - [www.phe-events.org.uk/lplr2016](http://www.phe-events.org.uk/lplr2016)**

We would like to invite you to the *Leading the Path to Least Resistance* event on Thursday 17 March 2016 in London.

NHS England and Public Health England are co-hosting a free regional event for the South of England to help local areas take on the challenge of anti-microbial resistance (AMR).

The challenges of AMR are well known and important progress is being made in some areas, however cleanliness, infection prevention and control, antibiotic stewardship and antibiotic resistance are all intrinsically interlinked. This event is a key opportunity for strategic leads across the region to understand the latest in AMR, to understand priorities going forward, and exploring with key partners the shared roles and responsibilities to help support the implementation of local policies and AMR plans.

Progress with AMR will only be achieved with a whole systems approach and AMR is everybody's business. This event is an importance bridge between strategic guidelines in AMR and the development of local practice. By bringing together leads from key organisations across the region this will provide attendees with the chance to identify opportunities and challenges within the health system through a combination of presenting the strategic overview, Q&A sessions, interactive workshops and the sharing of best practice.

Registration and coffee will be from 09:15 to 09:55 and the event will run from 10:00 to 16:00. The event will take place at Coin Street Neighbourhood Centre, 108 Stamford Street, South Bank, London SE1 9NH. To see full details about the programme and to book your place, please visit the [event website](#).

Please cascade this to other strategic AMR leads in your area in primary and secondary care, Clinical Commissioning Groups, NHS England and Public Health England. However, the two links below are only for the original recipient to register. If you are not the original recipient please register by visiting the [event website](#).

**I would like to attend**

**I will not be attending**

We hope we can look forward to welcoming you on the day. In the meantime, if you have any questions about the event, please send an email to [events@phe.gov.uk](mailto:events@phe.gov.uk).

**Dr Jenny Harries, OBE, Regional Director, South of England, Public Health England**  
**Sarah Elliot, Regional Chief Nurse, South of England, NHS England**

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

None

- **Items for Devon, Cornwall and Isles of Scilly Practices only**  
**Healthwatch Cornwall GP Bookings Report**

Please find attached a recently published Healthwatch Cornwall Report on GP Bookings.