

GP Bulletin

24th March 2016 / Issue 152

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

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- Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices only
 - None
- Items for Devon, Cornwall and Isles of Scilly Practices only
 - None

Key Deadlines

Acceptance of QOF 2016/17	24/03/2016	Via CQRS
QOF 2015/16	31/03/2016	Manual input of data via CQRS
DCIOS Directed Enhanced Services Claims	08/04/2016	Submission of DES Claim Forms should be sent to - england.primarycarefinancedcios@nhs.net
BNSSSG Directed Enhanced Services Claims	14/04/2016	
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
Completion of Avoiding Unplanned Admissions template	29/04/2016	Template form to be completed and returned to england.primarycaremedical@nhs.net

• Items for all Practices

Quality and Outcomes Framework (QOF) 2015/16

As you will be aware, the 2015/16 year end QOF collection must be completed by the end of March 2016. Please ensure that you have agreed to participate in the QOF 2016/17 information collection on CQRS. This should have been completed by Friday, 18th March 2016 to ensure you are promptly and accurately paid your QOF aspiration in April.

You will then need to manually input achievements for the following four required manual indicators for QOF2015/16

- PC002 - Palliative Care
- SMOK003 – Smoking
- CS001 – Cervical screening
- CS004 – Cervical screening

This information must be completed by midnight on Thursday, 31st March 2016.

For further information about how to manually input the information for the above indicators please see the CQRS user guide - [CQRS user guide – QOF manual indicators](#)

Avoiding Unplanned Admissions 2015/16 – Important Reminder

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

Please find attached to this Bulletin the reporting template for the second and last Avoiding Unplanned Admissions report. The template is in excel, simply select your practice code from the drop down list in the first box and complete the form. Please return the completed form to england.primarycaremedical@nhs.net by Friday, 29th April. We can only accept your report in this

format, if you use word we will ask you to complete the excel version in order for us to process the information in the report.

- 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

Assessed via CQRS

Can I ask take this opportunity to remind you that following the issues that were experienced after the mid-year extraction, we want to clarify the requirements of the enhanced service for 31 March 2016. As a result of the problems last Autumn NHS England centrally have advised that all Local Offices work consistently to manage AUA according to the service specification which are reflected in the business rules for this service on 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.

The following restrictions apply in the business rules:

- Allocation of a named accountable GP must be on or after their most recent registration date AND on or after 01/04/2014 and up to the achievement date.
- Admission avoidance care started must be on or after their most recent registration AND on or after 01/04/2014 and up to the achievement date.
- Care plan agreed or declined must be on or after the admission avoidance care started date
- Care plan review or review declined must be on or after the care plan agreed date

The patient will qualify for payment if they have:

- a named accountable GP allocated as per the rules above
- have started admission avoidance care
- and have any of the following in the 12 months leading up to the payment period end date:
 - A care plan agreed
 - A care plan declined
 - A care plan reviewed (where there has already been a care plan agreed previously since their admission avoidance care was started)
 - A care plan review declined (where there has already been a care plan agreed previously since their admission avoidance care was started)

If a practice has coded the patient as admission avoidance care started and then put in a code for care plan review without there being a care plan agreed then they would not be picked up in the payment count; if they did not have a care plan agreed then it cannot be reviewed. To recap:

- 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
- ensure the order the read codes are added to the patient record is correct as this 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

Mapping Tool now available for all GP Practices

NHS England are really pleased to inform you that South, Central and West Commissioning Support (SCWCS) have developed an online interactive map tool for us to share with GP practices.

The tool enables GP practice users to:

- View their surgery location(s), practice area and spread of registered patients
- Click on the map to see how many patients are registered at a postcode
- Zoom/pan the map
- Click "Practice Stats" to see some high level statistics
- Enter a postcode to search the map either by postcode where the postcode boundary is displayed or by full address

We will be sending out the unique website address for each of you, with the passcode, which allows the practice to view only your own information. This information will be sent to each practice manager over the next two weeks.

If you have any questions or queries please contact us on england.primarycaremedical@nhs.net

If as a result of this tool or other considerations within the practice you wish to amend your practice area, there is an application process for a change in the practice boundary which NHS England considers and then decides. So if you want to change your practice boundary please contact the medical contracts team through the generic email. Similarly, if the map does not include your branch surgeries please also contact us so that these are included. Again if you wish to vary your branch surgery opening hours or close a branch surgery, you must apply to NHS England for permission to do so.

Rates and Water Rates Reminder

Rates –

Practices will need to submit a claim, together with a copy of the actual invoice, to the email address shown below. In order for the invoices to be paid within the month they will need to have been received by NHS England by 12 noon on the second Friday of the Month. No 2016/17 payments will be paid in March 2016. England.Premises.Rates@nhs.net

However, in 2016/17 GP premises rates invoices should, in most cases reduce significantly. Before NHS England can pay the 2016/17 rates claim it needs to agree that the rates have been reduced and that previous overpayments have been reimbursed. All rates claims are being overseen by G L Hearn and this will introduce a delay into the system. Practices are requested to send their claims in as soon as possible.

Water Rates –

Practices will need to submit a claim, together with a copy of the actual invoice, to the email address shown below. In order for the invoices to be paid within the month they will need to have been received by NHS England by 12 noon on the Second Friday of the month. No 2016/17 payments will be paid in March 2016. England.Premises.Rates@nhs.net

Please find attached a new re-imburement form for your use.

Violent Patient Scheme and dealing with difficult situations

Just a reminder to say that if your practice is experiencing difficulties dealing with the challenging behaviour of a patient, please do let us know by emailing us at england.primarycaremedical@nhs.net and we'll be able to offer some advice and guidance about how you can safely manage the situation. Should the situation have escalated and there has been an incident we can provide you with a form to request a patient be placed on the Violent Patient Scheme.

When NHS England receives these completed forms we arrange for two senior managers to review the forms and sometimes seek some additional information to help us determine whether the

patient should be placed on the Violent Patient Scheme or whether there are any other options to follow. We aim to turnaround your Violent Patient Scheme requests within 48 hours if possible.

We often find that practices are not issuing formal written warnings to patients whose behaviour is not acceptable warning them that they are at risk of being removed from the practice list. It is a contractual requirement to have given a patient a written warning before steps are taken to remove them from the list.

Dispensing Practices Participating in the 2015/2016 Dispensary Services Quality Scheme

Practices who have participated in the 2015/2016 Dispensary Services Quality Scheme (DSQS) will be paid in the March 2016 contract payments.

As the assessment process is not yet complete this will be an 'on account' payment, and subject to recovery later if a practice is assessed as not adequately meeting the requirements of the DSQS. If you have any queries regarding DSQS please email england.pharmacysouthwest@nhs.net

An opportunity to improve GP practice complaint handling report

Please find below a link to a short guide to improving GP Practice complaint handling – <http://www.ombudsman.org.uk/reports-and-consultations/reports/health/an-opportunity-to-improve>

Seasonal flu vaccinations given at community pharmacies 2015/16

Please find attached information providing the total numbers of vaccinations given at community pharmacies, to patients registered at each GP practice, between September 2015 and February 2016. This is as reported to NHS England and notified to GP practices by pharmacies via PharmOutcomes. If you have any queries please contact england.bnsssg.imms@nhs.net marking your email 'pharmacy flu vaccinations'.

Telephone Scam Reminder

NHS England SSW has received a number of incidents concerning the cold-calling of patients by sales representatives who seem to know the patient's medical history. Some companies allegedly claim to have obtained this information from the patient's GP surgery.

The companies are selling a variety of products, beds, chairs, vitamins and pressurise the customer into buying or agreeing to a sales appointment.

- If you hear of such an incident, please do the following
- Get as much information about the call from the patient as you can.
- Inform us immediately via the Significant Event Audit form to england.devcorn-incidents@nhs.net
- Inform the Action Fraud online service - (and obtain and inform NHS England of the Police incident number)

- Inform the LMC



Action Fraud is not an emergency service
dial 999 if you are in immediate danger.

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

None

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

None