

GP Bulletin

23 December 2016 /issue 192

About this bulletin

To minimise the number of emails sent to practices, the Area Team is using this weekly bulletin as its main method of communicating with practice managers covering the 376 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.

If you have any questions or wish to provide feedback, please contact the Primary Care Team: england.primarycaremedical@nhs.net

Contents

- Key Deadlines – **please note final date for submission of eDEC is TODAY**
- Items for all Practices
 - Repatriation of missing items from Shared Business Services
 - Preventing Stroke due to Atrial Fibrillation (AF)
 - PCSE – December 2016 bulletin
- Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices only
 - Bristol TB Clinic calling for earlier diagnosis
- Items for Devon, Cornwall and Isles of Scilly Practices only
 - None

Key Deadlines

CQRS declarations for payment in the same month	9 th of each month	Via CQRS
eDEC Submission	14/11/2016 – 23/12/2016 (Please note the amended dates)	- Submission via Primary Care Web Tool - Practice Manager requests for access to the eDEC submission should be sent to england.primarycaremedical@nhs.net

- **Items for all Practices**

Repatriation of missing items from Shared Business Services

You may have recently received a letter and several documents which need reviewing from Primary Care Support England relating to the repatriation of missing items from Shared Business Services.

A number of practices have queried whether payment can be made in advance, along with the timescale for reviewing the documents.

We have checked with NHS England's Local Area Team, who appreciate the pressure which this puts practices under, and the advice is that they need to undertake this work as soon as is reasonably practical.

Payment cannot be made outside the nationally negotiated process, which is explained in the briefing below by the General Practitioners Committee.

Any practice having difficulty managing this process should contact NHS England using the contact information in the briefing below.

GPC has been liaising with NHS England to ensure the process is as simple as possible, support is provided to practices where required, and financial compensation is provided. We have now reached agreement and so would like to provide you with some details.

We have made it clear that whilst practices may, following assessment of the correspondence, need to communicate with individual patients, GPs can in no way be made liable for the failure and delays in the service provided by NHS SBS. However, GPs do have professional and legal duties to assist with the response to this incident.

The process

- *All items have been triaged by GPs contracted nationally by NHS England and those identified as carrying a potential risk of ongoing harm have already been returned to practices over the summer, where they were reviewed.*
- *The rest of the items are now being sent to the patient's current practice, for filing in their medical record on completion of a review process.*
- *The vast majority of these items will be DNAs, TR forms or other items with little clinical information – therefore much of the documentation will not have resulted in harm, but all of the correspondence needs to be assessed to ensure that the interests of patients are protected and potential harm is either identified or ruled out.*
- *Documentation should arrive in practices by 19 December (by TNT using a secure tracked process). The correspondence will be clearly identified, in a white plastic wallet which has NHS England's address on.*

- *Included in each bag is a letter which explains the process the practice should follow upon receipt of the correspondence.*
- *If it becomes evident that the patient's record is no longer at the practice, please contact NHS England using the contact details in the letter and they will arrange for TNT to collect the item and deliver to the new practice.*

The support

- *Where the practice identifies items of high priority, they should complete the general response form and return it to NHS England as soon as possible.*
- *NHS England will support practices with the completion of a clinical review where harm is suggested and will provide template correspondence to use in communicating with patients who may have suffered harm.*
- *Where there is correspondence with a patient, the template letter provided by NHS England states expressly that the delay in receipt of the relevant item of correspondence was not the fault of the GP.*
- *NHS England local and regional teams are aware of this process and can be contacted if there are any issues*
- *NHS England has also provided a dedicated phone line and email address on which practices can contact them with queries (telephone: 0800 028 9723, email: england.pcsadmin@nhs.net).*

The payment

- *In order to support GP practices affected by this incident, GPC England has worked with NHS England to agree appropriate payment. Practices will receive payments related to the number of items received as follows:*

No. of documents* received	Payment
	<i>Fixed payment of £50</i>
<i>20-50</i>	<i>Fixed payment of £100</i>
<i>>50</i>	<i>£50 for each batch of up to 10 items</i>

** A document is defined as a single complete instance of correspondence, consisting of one or more pages. A document is likely to include a communication such as a letter or notification. Any attachments or enclosures to that communication are regarded as part of the same document.*

- *These payments are intended to provide recompense for the time required to review the correspondence in the context of the medical records, communicate with patients about the incident where necessary and report items of high priority to NHS England.*
- *To remove any administrative burden on practices, they will be not required to submit a claim. Payments will be made through the automated process in January/February.*
- *This process is outside of the normal PCSE process and is being directed and overseen by NHS England therefore we have been provided with assurances that there should be no problems with the payment process.*
- *NHS England will write to all affected practices with details of their payment and timescales in early January 2017.*

Preventing Stroke due to Atrial Fibrillation (AF)

The South West Cardiovascular clinical network have produced a 3-minute video with examples of ways for general practices to spot and treat patients with atrial fibrillation to prevent hospital admissions and stroke, featuring local GP Rick Mejzner and network lead Martin James. The video can be watched on the network's website here:

<http://www.swscn.org.uk/networks/cardiovascular/stroke/atrial-fibrillation-af/>

PCSE – December 2016 update

PCSE send a regular bulletin to practices, we have been receiving a number of enquiries associated with items around PCSE so have attached the latest version for information, this PCSE bulletin contains updates on:

- CitySprint Collections and deliveries over Christmas and New Year period
 - Medical records movement service
 - GP payments and pensions
 - National Performers List
 - Getting in touch over Christmas and New Year
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- **Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices only**

Bristol TB Clinic calling for earlier diagnosis

Currently the South West is one of the worst performing regions in terms of delay between TB symptom onset and starting treatment. Late presentation results in disease that is harder to treat as well as very complex contact tracing exercises. We want to change this situation and to do that requires that we diagnose cases earlier. Please see the attached document.

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

None