

GP Bulletin

Date 25 May 2018 / Issue 265

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 371 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

CQRS declarations for payment in the same month	9 th of each month	Via CQRS
Maternity, paternity, parental or sickness absence	Last working day of each month	Via email to england.primarycaremedical@nhs.net
2017/18 KO41b complaints data return	8 June 2018	Via Primary Care Web Tool

• Items for all Practices

Out of stock situation of Diamorphine 5mg and 10mg Injection in June 2018

The Department of Health and Social Care and NHS England have been made aware of a manufacturing issue from one of our suppliers of Diamorphine 5mg and 10mg injection.

There are currently two suppliers of Diamorphine injection in the UK; Accord and Wockhardt. Recently Accord's plant in Germany has experienced quality issues and we are working closely with Accord, regulators, and others in the resolution of these issues.

Based on current usage and remaining stock, there is the potential for supplies of Diamorphine 5mg to be depleted week commencing 4th June 2018 and diamorphine 10mg injection week commencing 11th June. Further supplies are currently expected the week commencing 28th June 2018.

- We are working closely with the remaining supplier, Wockhardt, to secure further supplies for the UK market from July. We are also continuing work with Accord to try to resolve the manufacturing issue as soon as possible.
- We have been working with national clinical leads, and specialists to discuss alternatives. The following guidance has been produced by UKMI to help support this supply issue: <https://www.sps.nhs.uk/articles/shortage-of-diamorphine-5mg-10mg/>
- The recommended alternative is morphine injection and we are also in discussions with all the manufacturers of this product to ensure they can meet any additional demand for morphine injection during this time.
- Further information which you may wish to review include the Patient Safety Alert on high dose morphine and diamorphine <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59803>

- Also attached is patient information that has been developed by NHS England to support this medicine supply issue.

Recommended Local actions:

- Please order responsibly during this time, in line with historical demand, and do not stock pile to avoid lengthening the stock out period.
- Review and share UKMi clinical guidance and engage with clinical colleagues to review / amend clinical guidance accordingly.
- Morphine 10mg injection will be available to cover the Diamorphine supply issue in June. Please only order extra stock of Morphine as Diamorphine injection becomes unavailable locally and do not stock pile.
- Please cascade this message to all relevant networks in primary care including GPs, pharmacies and palliative care networks.

DHSC and NHSE will continue to work with all stakeholders and provide further updates as available.

MMR Survey results

At the beginning of 2018 the screening and immunisation team asked GP practices in the South West with high uptake (over 95% uptake for both doses of MMR at 5 years) to complete a survey for us to see if we could identify and share good practice. The findings from this survey are now available. Please see the attached document.

Sensitive Patient Registrations – Adoptions

PCSE has highlighted a concern that a number of GP practices are not following the correct procedure to deduct and register patients when an adoption occurs. This poses a significant clinical and safeguarding risk to the patient. In an attempt to assist GP's, PCSE has updated its website FAQs <https://pcse.england.nhs.uk/services/registrations/> and guidance <https://pcse.england.nhs.uk/media/1247/adoption-medical-records-practice-guide.pdf> with the process for adoptions and highlighted this guidance in the March PCSE GP bulletin.

March PCSE GP bulletin:

Process for adopted patients:

It is important that GP practices are aware of the steps that need to be taken when a patient is adopted. Following the process will ensure continued patient care and ensure there isn't an impact on your practice payments.

When a patient is adopted, they are given a new NHS number and must be registered as a new patient at your practice. All previous medical information relating to the patient needs to be transferred into a newly created medical record. Details on the process to follow can be found on the [PCSE website](#).

Practices should complete new registrations for the adopted patient within five working days to ensure no interruption to patient care.

Practice requiring assistance should ensure they contact the RLO england.primarycaremedical@nhs.net and for SD&T please contact devon.primarycare@nhs.net.

2018-19 CQC Reimbursement

Please use the attached claim forms for 2018-19 CQC reimbursements.

The procedure to follow is the same as 2017-18, you will need to submit the relevant claim form and a copy of your CQC invoice in order to be reimbursed.

NHS England will pay practices the full annual total of the invoices, if practices pay monthly by direct debit they can continue this arrangement with the CQC.

Any practices that have already submitted a claim using the old 2017-18 claim form will need to resubmit using the 2018-19 form.

New Data Security and Protection Toolkit

NHS Digital has launched the new Data Security and Protection toolkit, replacing the previous Information Governance toolkit, to help keep patient information safe.

The Data Security and Protection toolkit is an online self-assessment tool that enables health and social care organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

All organisations that have access to NHS patient data and systems – including NHS Trusts, primary care and social care providers and commercial third parties – must complete the Toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit>

Guidance for all practices regarding the de-registration of patients (8 day removals)

As a reminder and update to practices regarding removing patients from the list (8 day removals), please see below for the current guidance. In addition to the below, we would like to request that in all instances, when you write to a patient to inform them that they will be removed from your practice list, please include the NHS Choices website address (<https://www.nhs.uk>) and the NHS England customer contact information (0300 311 22 33 / england.contactus@nhs.net / NHS England, PO Box 16738, Redditch, B97 9PT) so that patients can access support in finding and registering with a new practice.

Please also note that when patients are placed on the Special Allocation Scheme, a 'violent patient flag' is placed against their record by the PCSE. Any patients with such a flag are currently registered with the Special Allocation Scheme and you should not register them if they approach you to join your practice. The 2018/19 guidance states that such patients can be refused registration. When patients are released from the scheme this flag is removed from their record. It is not permissible to refuse to register a patient

because they were at one point registered with this scheme, unless it was your practice that placed them on the scheme in the recent past.

Primary Medical Care Policy Guidance Manual: Removing a Patient from a Practice List

Where a practice wishes to remove a patient from its practice list, the practice must normally provide a reason for removal in writing to the patient. Removal may normally only be requested if, within the period of 12 months prior to the date of the request, the practice has warned the patient in writing that they are at risk of removal and the reasons for this have been stated.

It may be justified that a written warning was not possible / appropriate in the circumstances that:

- The reason for removal relates to a change of address outside of the practice area including where a patient has been registered as a temporary resident elsewhere and has exceeded the three-month temporary residency period;
- The practice has reasonable grounds for believing that the issue of a warning would be harmful to the physical or mental health of the patient or put at risk one or more members of the practice team; or
- It is, in the opinion of the contractor, not otherwise reasonable or practical for a warning to be given.

The practice must record in writing either the date of any warning given and the reasons for such a warning or the reason why no such warning was given.

All patient removals must be recorded by the practice, including the reasons and circumstances of the removal and this record must be made available to the commissioner should it be requested.

Notifications by the contractor to the Commissioner should be made on removals from the contractors' patient list. The Commissioner must refer to the relevant Regulations / Directions (set out at Schedule 3 Part 3 of the GMS Regulations; Schedule 2 Part 3 of the PMS Regulations; the APMS Directions do not require APMS contracts to have provisions relating to patient lists - the Commissioner refer to the wording of the relevant APMS contract).

Practices may remove a patient with immediate effect where the patient has committed an act of violence or behaved in such a way that the contractor, practice staff, other patients, or those present at the place the services were provided have feared for their safety. The incident leading to the request for immediate removal must have been reported to the police. It is highly likely that there are different ways in which violent patients are managed nationally as services were commissioned in different ways under a violent patient directed enhanced service scheme. For this reason the Commissioner must refer to the relevant Regulations / Directions and the Special Allocation Scheme (SAS) chapter.

Patients may experience difficulties in registering where they have been removed from a practice list, although, (other than on the grounds of violence or threatening behaviour), this should not ordinarily be a factor considered by practices when approached by new patients. It should also be noted that patients have the right to choose to move from one practice to another, even within the same locality, without providing grounds for doing so.

Invitation: Physical Health in SMI Event - 9th July 2018

The SW Clinical Mental Health Network would like to invite you to their Physical Health in SMI Event on Monday 9 July 2018 at 09:30 – 16:30 at Taunton Rugby Football Club, Hyde Park Lane, Taunton TA2 8BU.

The aims of the event is to:

- Understand the challenges and difficulties being faced in both primary care and secondary care settings
- Find out the local and national approach to physical health checks for people with severe mental health illness
- Provide an opportunity to discuss shared care protocols and to share local good practice
- To provide a platform from which needs and challenges can be discussed and how we can learn from each other
- Explore approaches for maintaining an overview of performance for physical health checks and intervention
- Discuss developing the digital requirements to meet the needs of the service

The day will have a range of speakers sharing various activities happening across the region with interactions discussions and time for networking.

Further programme details will follow shortly. For more information please contact Gayle Bridgman, Adult Mental Health Programme Manager, gaylebridgman@nhs.net or Lynne Dickson, Quality Improvement Lead, lynne.dickson4@nhs.net

This event will be of interest to:

Clinical Commissioning Group Mental Health GP Leads
Mental Health Service Providers
Mental Health Leads, Acute Trusts
Primary Care Mental Health Leads
Public Health England
Health Education England
Physical Health Forums/Care Groups
NHS Digital Mental Health Leads

Register for the event here: <https://www.eventbrite.co.uk/e/swcn-physical-health-in-smi-event-tickets-45800685082>

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

None

- **Items for North, East and West Devon Practices only**
Pertussis in school – East Devon

Please see the attached regarding a pertussis outbreak in a Primary School just outside Honiton.

- **Items for South Devon and Torbay Practices only - CCG Delegation Light**

None

- **Items for Cornwall and Isles of Scilly Practices only
Move To New CHIS Provider – Cornwall**

All Practices in Cornwall are asked to ensure that all immunisation data is returned to CHIS promptly after an immunisation session has been completed. This is to help us prepare for the move to the new CHIS Provider, Health Intelligence' your co-operation would be much appreciated.