

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

AUGUST 2014

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FRIENDS AND FAMILY TEST

All practices should have received a letter from NHS England (dated 21 July 2014) regarding the NHS Friends and Family Test (FFT), which becomes a contractual requirement for GP practices from 1 December 2014.

A copy of the letter can be downloaded from:

<http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-lett-gp-pract.pdf>.

Practices will be required to:

- Provide an opportunity for patients to give anonymous feedback through the FFT, except where it would be inappropriate to do so;
- Use the standard wording of the FFT question and the responses;
- Include at least one follow up question which allows the opportunity to provide free text comment;
- Submit data, in the format required, to NHS England each month;
- Publish results locally.

More detailed information about these requirements has been provided by NHS Employers via:

- Detailed guidance for GP practices:
<http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-gp-imp-guid-14.pdf>;
- Summary guidance for GP practices:
<http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-gp-summ-14.pdf>;
- FAQs:
<http://www.england.nhs.uk/wp-content/uploads/2014/07/fft-imp-guid-faqs-14.pdf>.

NHS England will be contacting practices during the autumn to ascertain whether or not any additional support is required with implementation. Therefore, the LMC would recommend that practices familiarise themselves with the above documentation and consider what the implications and impact will be on the practice and whether there are any issues or barriers to implementation that should be raised with NHS England when they make contact in the autumn.

INAPPROPRIATE PRESCRIBING REQUESTS

The LMC office has been contacted by a number of practices expressing unhappiness about issues of inappropriate prescribing requests from secondary care colleagues.

This issue was also discussed at the LMC meeting on 14 July 2014 and there was a debate about the current agreement with secondary care, which was approved by Sheffield Area Prescribing Group (APG) as follows:

Secondary care will:

1. Provide urgent prescriptions, ie required within 2 weeks;
2. Prescribe shared care drugs until the dose has been appropriately stabilised and the GP has agreed to continue prescribing;
3. Prescribe drugs classified as Red on the Traffic Light Drugs List;
4. Ask GPs to initiate new drugs that the GP should be familiar with and able to prescribe on receiving an appropriate communication within 2 weeks of a clinic appointment.

If GPs are experiencing secondary care prescribing requests that fall

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outside of the above agreement, it would be appreciated if specific examples could be forwarded to Richard Oliver via email to roliver1@nhs.net. Please ensure that it is clear which doctor/directorate made the request and when, and that patient details are removed from any examples, other than NHS number.

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MALE INFANT CIRCUMCISION FOR RELIGIOUS REASONS

Queries have been raised with the LMC regarding the lack of comprehensive information about the availability of this service.

Having raised these concerns with Sheffield Clinical Commissioning Group (CCG), the CCG confirmed that they produce a leaflet for parents, which outlines the issues to consider prior to seeking to undergo circumcision, but does not list providers. This is partly due to the number of providers, the constant changes that would be required to the leaflet and any liability that a patient might deem the CCG to have if they used a provider listed in the leaflet and were not satisfied with the service provided.

A copy of the leaflet can be found at: <http://www.sheffieldccg.nhs.uk/Downloads/Your%20Health%20docs/NHS%20Sheffield%20CCG%20Male%20Infant%20Circumcision%20Leaflet%20Aug%202013.pdf>

Agreement was reached that if there is a significant problem within the city in relation to parents not knowing how to access these services, the CCG would revisit the issue. Therefore, it would be appreciated if practices could keep the LMC office informed of any such problems via email to: manager@sheffieldlmc.org.uk.

On a related point, it has been brought to the LMC's attention that a Child Protection Plan contained a stipulation that the GP was to make a recommendation on the service provider to be used.

We feel that this is inappropriate and hope that this will not prove to be a recurring problem. However, if there are any further examples of this

occurring, it would be appreciated if details could be forwarded to the LMC office via email to: manager@sheffieldlmc.org.uk.

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PREMISES ISSUES

The General Practitioners Committee (GPC) hosted a national premises seminar at BMA House on Thursday 10 July, attended by Health Minister the Earl Howe, alongside representatives from the major stakeholders in the development and funding of GP premises.

In his opening speech the Earl Howe, Parliamentary Under Secretary of State for Quality, gave credit to the GPC for driving the premises agenda and highlighting it as a great concern.

There was mutual recognition amongst those present of the urgency of the issue and consensus on the need for reform in the way that GP premises are funded and developed.

The GPC will now be pushing for the creation of a government backed task group to look at the development of a national strategy for premises investment.

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SPINE 2 TRANSITION RESCHEDULED

The NHS Spine provides the infrastructure that delivers access for GP practices to the Personal Demographics Service (PDS) and enables Smartcard logon and functionality. The Spine also controls the messaging between key applications, such as the Electronic Prescription Service (EPS), Summary Care Records (SCRs) and Demographics.

The Health and Social Care Information Centre (HSCIC) will be moving Spine from BT to a new platform called Spine 2, which has been developed and will be managed by the HSCIC.

An upgrade to the NHS Spine service had been scheduled for July, but will now take place 22-25 August.

The majority of GP practices will not be impacted by the transition, but weekend users of services such as Choose & Book, the EPS, the General Practice Extraction Service (GPES), GP2GP and the SCR are advised to read the transition documents available at:

<http://systems.hscic.gov.uk/spine/spine-2-core-transition>

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DEMENTIA DATA EXTRACTION

The HSCIC recently issued a newsletter regarding GP practice participation in the Quality and Outcomes Framework (QOF) subset 2014-15 dementia data extraction.

This raised a number of queries nationally, and the GPC has subsequently offered clarification.

The HSCIC has been asked by the Secretary of State for Health to collect dementia diagnosis data on a monthly basis from general practice clinical records, in advance of these data flowing as part of the QOF 2014-15 extractions.

Data will be collected using the GPES and are simple counts of the total number of people diagnosed with dementia in each practice. The two counts that will be extracted are based on the dementia register indicator and practice list size indicator. Extractions will be backdated to April 2014.

The Information Governance assessment submitted to the GPES Independent Advisory Group (IAG) has concluded that these data are not identifiable.

The data will be published on a monthly basis so that comparisons can be made between the number of patients diagnosed with dementia and the number of patients expected to be diagnosed – where gaps are identified, action plans will be produced.

The Secretary of State has requested that these two counts of data begin to flow as soon as possible.

GP Practices should note that:

- Practices will be automatically opted-in to this extract, but have 6 weeks from notification of the extraction to opt-out if they wish to. The 6-week notice period is in-line with GPES IAG recommendations;
- It is a matter for individual practices whether they participate in this extraction;
- Practices wishing to opt-out should complete the opt-out form and email it to the HSCIC by **1 September 2014**. The opt-out form was circulated to practices with the HSCIC newsletter and can also be accessed via <http://systems.hscic.gov.uk/cqrs/bulletin/optout.doc>.
- Opt-outs will be recorded on behalf of practices by the HSCIC in the Calculating Quality Reporting Service (CQRS) and confirmation will be sent to the practice by the HSCIC that appropriate action has been taken in respect of their decision to opt-out;
- Practices will be able to view their participation status and their extracted data, where relevant, in the CQRS portal.

The Joint GP IT Committee of the GPC and the Royal College of General Practitioners (RCGP) was consulted on the proposals prior to communications being issued to practices. It was agreed that the practice opt-out model of participation was acceptable as an exception, on this occasion, but were clear that this does not set a precedent for any future extractions.

Discussions are ongoing with the HSCIC on the practical arrangements and information governance around GP data extractions.

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LICENCE FOR THE USE OF PIP CODES

This issue was discussed at a GPC / NHS England Operational Group meeting on 6 August 2014.

Chemist and Druggist (C&D) believe practices are using PIP codes without

a valid licence and have been sending final demands insisting on payment.

C&D argue that they own the intellectual property rights of PIP codes, which dispensing practices and pharmacies use to order pharmaceutical products electronically from wholesalers, and as such are required to have a valid C&D PIP code licence in order to use their codes. However, the GPC, the Dispensing Doctors Association (DDA) and NHS England believe that because practices order through a wholesaler, who in many cases have an end user license, they should not be charged again for this licence and practices should not pay any invoices they receive from C&D demanding payment for the PIP licence.

NHS England is monitoring the situation and if practices encounter any problems the GPC is keen to hear from them via:

info.gpc@bma.org.uk.

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PERTUSSIS VACCINE RECOMMENDATION

The service specification for the pertussis vaccination programme currently recommends the vaccine to be used as Repevax. From 1 July 2014, practices should be using Boostrix-IPV instead of Repevax. Practices have been made aware of this via the Vaccine Update, on the ImmForm website and also through pop ups on ImmForm.

Practices have been able to order the replacement vaccines via ImmForm since 1 June 2014.

Any remaining stocks of Repevax should be used for the pre-school booster programme as it is the same vaccine.

The updated Pertussis specification can be downloaded from the BMA website at:

http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/independent%20contractors/po_servicespecificationpertussis_31_07_2014.pdf

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DATA PROTECTION WORKSHOPS

The Information Commissioner's Office (ICO) has informed the GPC of a series of free data protection workshops, designed to help small to medium sized organisations from a range of sectors learn about their obligations when handling personal information.

The workshops:

- are aimed at staff who may have limited practical experience, but are working for organisations that process personal data;
- will provide a basic overview of the Data Protection Act, data controller responsibilities and practical advice from the ICO, using case studies and interactive exercises.
- are run by experienced ICO auditors and there is no charge for the event (except for individual lunch and travel costs).

Further information is available on the ICO website at:

http://ico.org.uk/for_organisations/data_protection/working_with_the_ico/dpworkshops

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Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via email to: manager@sheffieldlmc.org.uk.

Articles for the September edition to be received by Friday 5 September 2014

Further submission deadlines can be found at:

http://www.sheffieldlmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf