GPC Newsletter

BMA

www.bma.org.uk

Friday 8 August 2014 **Issue 3**

Content

CQC guidance on agreed principles for defibrillators, oxygen and oximeters - England only

It is important that practices are able to respond immediately **in an appropriate manner** to meet the needs of a person who becomes seriously ill. There is no explicit guidance relating to what is contractually required for emergency equipment such as pulse oximeters, defibrillators and oxygen, but, having reviewed external guidance and national standards, the CQC has agreed the following with the BMA, RCGP, NCAS and MDU: CQC will consider the individual circumstances of the practice such as the practice's knowledge and assessment of the emergency services available to them.

Defibrillators Current external guidance and national standards suggest that it is best practice for practices to have rapid access to defibrillators, and whilst it is not a contractual obligation they should be encouraged to have them.

Oxygen The National Resuscitation Council has issued the following advice:
'Oxygen: Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.'

Oxygen is considered essential in dealing with certain medical emergencies eg acute exacerbation of asthma and other causes of hypoxaemia; if the practice does not have rapid access to oxygen they are unlikely to be able to demonstrate they are equipped for dealing with emergencies.

Pulse oximeters The 2009 British Thoracic Society (BTS) guidelines on the management of asthma recommend SpO2 monitoring by pulse oximetry as an objective measure of acute asthma severity, particularly in children. In addition the Primary Care Respiratory Society states that it should be used to assess all acutely breathless patients in primary care. The need for pulse oximeters and a paediatric pulse oximeter should be risk assessed within a GP practice. In light of the above recommendations,

it would be unlikely that a practice would be able to demonstrate that they are equipped for dealing with emergencies without a pulse oximeter being available for use when required.

Training in CPR It is mandatory for a practice to ensure that the staff that are working while the practice is open are trained to perform basic levels of CPR. Practices should have evidence that their staff would be able to respond immediately to a person who becomes seriously ill requiring resuscitation. It is for the practice to determine how frequently practice staff receive updates to their CPR skills.

Practices should also be mindful of professional and contractual requirements in respect of having effective systems of clinical governance.

The above guidance relates to Regulation 9 Outcome 4, of The Health and Social Care Act 2008, (Regulated Activities) Regulations 2009 which states that, *'The planning and delivery of care and, where appropriate, treatment in such a way as to…Ensure the welfare and safety of the service user,'*

Pertussis - vaccine recommendation - England only

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 is available on the BMA website.

PIP Codes

An issue relating to the licence for these codes was discussed at the last meeting of the GPC / NHS England Operational Group. Chemist and Druggist (C&D) believes practices are using PIP codes without a valid licence and have been sending final demands insisting on payment. C&D argues 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 and NHS England believe that because practices order through a wholesaler, who in many cases have an end user licence, they should not be charged again for this licence. Consequently, we agree that 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 they should contact GPC via info.gpc@bma.org.uk so that we can follow this up.

Practice participation in the QOF subset 2014-15 dementia data extraction - England only

As part of the Dementia Challenge, the Government is seeking to increase the number of people with dementia who receive a diagnosis. The Health and Social Care Information Centre (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 Quality and Outcomes Framework (QOF) 2014-15 extractions.

Data will be collected using the General Practice Extraction Service (GPES) and are simple counts of the total number 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.

Practices have received a communication from the HSCIC, and should note that:

- Practices will be automatically opted in to this extract, but have six weeks from notification of the extraction to opt-out if they wish to. The six week notice period is in line with GPES IAG recommendations;
- 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 is attached at appendix 1 and includes the email address to return the form to;
- Opt outs will be recorded on behalf of practices by the HSCIC in the Calculating Quality Reporting Service (CQRS);
- 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;
- As Microtest are ahead of other clinical system supplier's with their deployment plans, all Microtest practices (approximately 140) will receive an individual phone call from the HSCIC, where they will be asked whether they wish to proceed with the extraction before the end of the six week notice period. Only those Microtest practices that actively agree (by returning a form to the HSCIC) will have their data extracted before the end of the six week notice period. All other Microtest practices will have data extracted following the six week notice period, unless they have opted out;
- It is a matter for individual practices whether they participate in this extraction.

The Joint GP IT Committee of GPC and RCGP (JGPITC) was consulted on proposals before communications were issued to practices. JGPITC agreed that the practice opt out model of participation was acceptable as an exception, on this occasion, but was clear that this does not set a precedent for any future extractions. The JGPITC are in ongoing discussions with the HSCIC on the practical arrangements and information governance around GP data extractions.

Spine 2 transition – 22-25 August

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 Electronic Prescription Service (EPS), Summary Care Record (SCR) and Demographics.

The Health and Social Care Information Centre (HSCIC) will be moving the Spine from BT to a new platform called Spine 2, which has been developed and will be managed by the HSCIC. This upgrade will take place from 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, General Practice Extraction Service, GP2GP and the SCR are advised to read the transition documents available online. The Spine 2 mailbox can also be contacted with any queries.

Free data protection workshops from the ICO

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. The sessions 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. The workshops 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.

LMCs – change of details

If there are any changes to LMC personnel, addresses and other contact details please email Karen Day with the changes at kday@bma.org.uk.

The GPC next meets on 18 September 2014, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 9 September 2014. It would be helpful if items could be emailed to Karly Jose at kjose@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

LMCs are reminded that their regional representatives can provide more detailed information about the issues covered in GPC News, and other matters. Other members of the GPC would also be pleased to accept invitations to LMC meetings wherever possible. Their names and addresses are in the GPC Yearbook. The secretariat can also provide a written background brief if required, but it would be helpful to have such requests well in advance of your meetings.

Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices: addresses are on page 3 of the GPC's yearbook.

This newsletter has been sent to:

Secretaries of LMCs and LMC offices
Members of the GPC
Members of the GP trainees subcommittee
Members of the sessional GPs subcommittee