

CLMC Bulletin 312 – 06.12.16

Public Health Changes and New Contact Information

As mentioned previously, the Tees Valley Public Health Shared Service ends 16 December 2016 and the responsibility for contract management will now be administered by each individual Authority. The Local Authorities are all in agreement to extend the current GP contracts to ensure provision for 2017/18. They will each be issuing the appropriate paperwork to enable this and CLMC will continue to work with the LAs to review any contracts/paperwork prior to it being issued to practices.

The extension to the current contracts will include a variation to exclude from the specification the support currently provided by the Nurses (Lung Health Checks and Health Checks) and any references to TVPHSS should now be read as Local Authority. Payment processes will remain the same and Adam Harland will continue to be the key point of contact for all practices adam.harland@redcar-cleveland.gov.uk to ensure business continuity.

The LAs will be undertaking a joint review of all Primary Care Commissioning (GP and Pharmacy provision) to inform commissioning intentions for 2018 onwards. CLMC will work with the LAs on this process.

This [contact](#) sheet provides you with appropriate contact details to ensure you are able to access advice and support with regards to the services you provide.

List Management Guidance

We would like to highlight the [BMA's guidance on list management](#); this provides practices with guidance on list management such as information on formal list closure and informal temporary suspension of patient registration. The GPC are aware that NHS England are sending guidance on temporary suspension of patient registration to commissioners, some of the information in this guidance contradicts the BMA's guidance and we would like to assure practices that we believe the BMA guidance is within the regulations. CLMC are on hand to support practices in managing capacity, workload and patient lists. Please contact us at the earliest opportunity so we can discuss considerations and options with you; it is beneficial for all if we can support you with prevention rather than waiting for crisis point to be reached. We are also aware that it is taking a very long time for requests for in managing capacity e.g. list closure requests, boundary changes to filter through the NHS E process and reach the CCGs. We have raised this as an issue and continue to work with the CCGs to ensure that this process is as streamline as possible to ensure support and responses are timely for practices.

FGM Prevention Programme/Enhanced Dataset

NHS Digital has issued a [Data Provision Notice \(DPN\)](#) to mandate the collection of data about the treatment of patients with female genital mutilation (FGM) in the NHS. This collection is mandatory for all acute trusts, mental health trusts and GP practices and has been in place since 1 April 2015, and the DPN has been circulated to all organisations to confirm and communicate what they need to do to comply.

The following additional resources are available to help:

- [NHS Digital website](#) has updated with better information for patients.
- [Patient leaflets](#) have been updated to be clearer about what happens to personal information (see bottom of webpage); download / order paper copies at [DH Orderline](#) (Search 'FGM' - new print copies arriving in stock soon). **NB new leaflet in Indonesian** following update of UNICEF FGM Prevalence reports in Feb 16
- One-page '[FGM safeguarding pathway](#)' describing how the dataset collection and safeguarding (including the mandatory reporting duty) alongside all our [other guidance](#) for health professionals. The information sent to NHS Digital is used support commissioning and provision of appropriate services to meet the needs of women and girls with FGM. The next quarterly publication of [NHS Digital FGM statistics](#) is due on 7 December 2016.

Additional support information is available if required. Please request additional information from Jackie.jameson@nhs.net

Transgender Prescribing Guidance/Focus on Gender Incongruence in Primary Care

Earlier this year, the GMC published advice about treating transgender patients. This included advice about prescribing where there is a delay in the patient accessing specialist services.

The GPC is committed to ensuring that this vulnerable patient group have the access to the high quality, specialist treatment that they need and, in May, the GPC wrote to the GMC to highlight that the underlying cause for concern was a lack of these specialist services. The letter was informed by responses from many of you who felt the GMC guidance required you to prescribe in the absence of specialist input and in situations in which you did not feel comfortable doing so.

Representatives of GPC discussed these issues with GMC staff at a meeting a few weeks ago. The GMC took on board the comments about commissioning and are discussing how these concerns may be best raised with NHS England. The GMC also agreed to revisit the wording of their guidance to make sure it is clear and does not have any unintended consequences.

In September the GPC also produced our [Focus on Gender Incongruence in Primary Care](#) which aims to explain what should be provided in primary care, signposts further sources of guidance, and highlights some of the underpinning ethical and legal considerations. The ultimate aim is to ensure high quality service provision is made for this particular group of patients. We will, of course, keep you informed of progress.

One of the regular questions we have on this is with regard to record management and **preferred name**. The GMC has provided [advice](#) on these issues. This states that:

“Both electronic and paper medical records should clearly indicate your patient’s preferred name and title.”

and

“A patient’s request to change the sex indicated on their medical records should be respected; they do not have to have been granted a Gender Recognition Certificate or have acquired an updated birth certificate for this to be changed. The process for changing name and NHS number can be found at [GP notebook](#) .”

Key points from the GP note book below:

“There is a simple process for this, which is accepted by many government departments including the Department of Health

- the patient tells their GP, or directly informs the CCG, that they are transitioning and that in future they would be known by their new name and gender. They can write a "statutory declaration", they may have a deed poll document, or they may simply make the request. This request should be in writing, signed by the patient
- the GP writes to the Registration Office at the CCG. The GP may write a letter of support confirming the gender role change and that this change is intended to be permanent, but this is not a requirement
- the Registration Office then writes to the Personal Demographics' Service National Back Office. The National Back Office will create a new identity with a new NHS number and requests the records held by the patient's GP. These records are then transferred to the new identity and forwarded to the GP
- on receipt, the GP surgery changes any remaining patient information including the gender marker, pronouns and names”

Physiotherapy Guidance and Cost Calculator

This [new guidance](#) produced by the Chartered Society of Physiotherapy (CSP) in conjunction with the BMA and the RCGP aims to provide GP practices, practice groups and commissioners with information and advice on employing a physiotherapist and the potential of their role within general practice. The guidance can be used in conjunction with the [CSP's Physiotherapy Cost Calculator](#) to make a practical assessment of the potential benefits of employing a physiotherapist.

The Long Run from READ to SNOMED

NHS Digital is working with the GP Principal Suppliers on the transition to using SNOMED CT instead of Read codes. All suppliers need to have transitioned to SNOMED CT before **1 April 2018**.

A SNOMED expert reference group (of the Joint GP IT Committee) are providing oversight and guidance to the programme. Further work is being done on mapping tables which will enable a SNOMED CT code to be recorded automatically alongside a Read code. This will ensure historic data can still be retrieved when the system has transitioned to SNOMED CT.

Technology has moved on substantially since the Read codes were designed in the 1980's. Read v2 has run out of codes in some places, has outdated terms and duplicates as well as other anomalies that can make reporting difficult. SNOMED resolves these.

[Personalised Health and Care 2020](#) sets out SNOMED CT as the single terminology for use across the NHS. When all of healthcare use the same vocabulary, electronic documents will be able to be sent and used across systems. This should save time and effort for all practices, and remove transcription errors.

Live webinars on SNOMED CT are available free of charge every month. Further details can be found on the [NHS Digital website](#). Pre-recorded versions are also available on the [UKTC Education and Resources website](#) by selecting 'View Releases' of the webinar you are interested in. A new webinar specifically designed for GP Practices will be available in 2017. Updates on the move to SNOMED CT can be obtained by subscribing to the GPSoC bulletin, please [email the Contact Centre](#) to subscribe, or by visiting the [SNOMED in primary care website](#).

Doctors of the World Survey; Charging Migrants for Primary Care

[Doctors of the World](#) are working with the RCGP's Junior International Committee on a [short survey](#) (deadline for completion, 21 December) regarding GPs attitudes towards charging migrants for Primary Care. The aim of the survey is to gain a broad view of attitudes of GPs across the country in light of the Government's consultation on extending charges into primary care. Often the opinions of frontline staff are discussed in the media and by Department of Health, but as far as we are aware there has been no research on this.

FSEM Updated Professional Code

The Faculty of Sport and Exercise Medicine (FSEM) UK has launched a new version of its [Professional Code](#). Designed for use alongside the GMC's Good Medical Practice by Fellows and Members of the FSEM, this important guide is also relevant to any doctor working in Sport and Exercise Medicine (SEM) or looking after a sports team at any level.

The code informs the public and athletes that the best interest of the individual athlete will always be paramount should they receive medical care from a Fellow or Member of the Faculty of Sport and Exercise Medicine UK.

The code maps the duties and responsibilities of a doctor working in SEM, particularly in team care, with the general duties and responsibilities of a doctor in the General Medical Council's Good Medical Practice. The code also covers areas of practice relevant to the treatment of sportsmen and sportswomen, particularly elite athletes; such as the provision of indemnity, a code of practice when accompanying teams abroad, media coverage, dual responsibility to sportspersons and clubs and anti-doping.

The FSEM has also updated its [statement on performance enhancing drugs in sport](#).