

CLMC Bulletin 348 – 27.02.18

CQC Visits – Notification Error

We have been made aware of an error in the CQC practice visit notification system whereby a practice was notified of and prepared for a visit out of line with the 5 year visit timetable. After challenging the inspection the practice were advised that the visit had been generated by an automated system in error and no inspections was due to take place.

We are unsure as to whether this is an isolated incident but if you have been notified of an impending routine inspection outside the 5 year cycle you may wish to verify the visit with a CQC inspector prior to putting in a lot of work and planning.

PGD Templates – Typhoid Vi, Hep A/Typhoid and MMR

The Hepatitis A/Typhoid vaccine and Typhoid Vi vaccine PGD templates have now been uploaded on the [PHE website](#), and a link to this page is also available on the GPC's [PGD guidance page](#). The MMR PGD template v02.00 distributed on 9th February did not have the editable fields in section 7 activated, so this has now been updated editable fields available in all sections.

Please note that all PGD templates now include an extended list of practitioners who may be authorised to operate under the PGD (see Section 3). These have been included to reflect the expanded roles of allied health practitioners and to allow greater flexibility to commissioners of immunisation services. Authorising organisations may choose to limit the practitioners that are authorised to work to the PGD ie to reflect local commissioning arrangements. This is optional and can be detailed in the limitations to authorisation (see Section 2). Authorising organisations must not alter, amend or add to the clinical content of this document (sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided. In addition authorising organisations must not alter section 3 'Characteristics of staff'. Only sections 2 and 7 can be amended.

GP2GP Incident Affecting TPP SystemOne and Emis Users

GPC has become aware of a system incident with the GP2GP import process affecting some patient records, resulting in excluded data covering many types of data such as read codes, vaccinations, pathology results. The affected patients are those that were registered at a SystemOne or EMIS practice, have moved to a non SystemOne or EMIS practice, and are now registered at SystemOne or EMIS practice. While they were away from the practice some entries were created in the other clinical system that had no date and time associated with them. When the patient returned to the current practice these items were not imported.

This currently affects all EMIS and TPP transfers of returning patients, but not Vision or Microtest systems. The total number of TPP units affected to date are 2526, with 44,104 patient records affected. This translates into 17 patients per practice, on average there are 2 missing entries per patient with a maximum of 66. We are still awaiting information of impact for EMIS users. TPP has issued a plan of action and has communicated this individually to practices who have been affected:

- Practices will be informed of the affected patients via a task which will direct them to the data in the GP2GP Record.
- Any practices with 10 or less affected patients, will receive one task listing all patients.
- For practices with more than 10 affected patients, TPP will send two tasks, one identifying patients whose records it is recommended be reviewed more urgently and another identifying patients whose records still need to be reviewed but are less urgent.
- For the 12 practices who have over 100 affected patients, TPP will also contact the practices directly to discuss the issue and action needed.

At this time there have been no reported safety incidents, NHS Digital's Clinical Safety Team continue to review this incident. GPC are in active dialogue with NHS England and NHS Digital, receiving updated status reports as they come in. The workload implications for practices affected has been highlighted and is an area GPC is seeking resolution on.

Flu Vaccine Ordering for Children 18/19

NHS England have clarified vaccines for all eligible children aged from 6 months to 17 years will continue to be supplied centrally through Immform vaccine supply. For GPs this is 2 and 3 year olds and those 6 months to under 18 years in clinical risk groups. This will not change for 2018/19 and GPs do not need to directly order any vaccines for this age group from manufacturers/suppliers.

Most children have the LAIV intranasal vaccine. When LAIV is contraindicated suitable injectable vaccines will be supplied. In 2017/18 this included an injectable TIV as QIV was not licenced for those under 3 years. The licence has recently changed on two quadrivalent inactivated vaccines and they are now licensed from 6 months of age. Public Health England are currently undertaking the procurement process for quadrivalent vaccines for children in the 2018/19 season and details of the vaccines will be confirmed when this process has been completed.

The key message is that practices should only be ordering from the manufacturers/suppliers for those aged 18 years and over. Thus, there will be no need to make any amendments to the DES for 2018-19.

GP Access – Meeting Reasonable Needs of Patients

In November 2017, NHS England issued guidance to CCGs regarding the definition of how practices meet the 'reasonable needs of patients' in providing or arranging access to essential and additional services delivered under the GMS contract. The guidance goes beyond the requirements on practices and GPC has been clear with NHS E that it does not agree with it and that it is non-binding for CCGs. [Read the GPC guidance](#) to be clear on your contractual obligations and what you can do if you are challenged by CCGs or NHS E.

Change to Fit For Work Service

Following low referral rates, the Fit for Work assessment service will come to an end in England on 31 March 2018. The service stopped taking new referrals on 15 December 2017. Existing eligible referrals that have been made up to this point will receive full support for up to three months. Employers, employees and GPs will continue to be able to use the same Fit for Work helpline, website and web chat, which offer general health and work advice as well as support on sickness absence. The advice service will remain free to use, offering expert and impartial advice to those who need it. An 'Expert Working Group on Occupational Health' has been appointed to champion, shape and drive a programme of work to take an in-depth look at the sector.

[Read](#) the GPC updated guidance for GPs.

GPC Newsletter

Read the latest [GPC newsletter](#).

Winter Indemnity Scheme Survey

The winter indemnity scheme is due to end on 2 April 2018. The scheme was designed to meet the costs of personal professional indemnity for any additional out of hours (OOH) work undertaken by GPs this winter to enable the freedom to work additional sessions without having to pay additional subscriptions to their medical defence organisation. This will have a great impact on OOH and unscheduled services and in turn increase pressures on general practice even further. GPC has developed a [short survey](#) to gauge the scale of the impact of this scheme ending and hope as many GPs who do OOH shifts as possible would be willing to complete it. This will assist GPC in their continuing communication with NHS England to help secure resources for this scheme. Please share the [survey](#) widely with your networks, with a completion date of 16 March.