

CLMC Bulletin 361 – 14.08.18

GDPR

Please see this [document](#) with some FAQs and further information.

Record Transfer Safety Breach - Docman Issue

Apologies as you may now have had this information through a number of routes but given the importance we wanted to ensure it was also shared via this bulletin.

NHS England has issued a central alerting system (CAS) [communication](#) to general practice on the use of Docman software (version 7) with Electronic Document Transfer (EDT) enabled, in which documents received by GP practices using NHS mail are not being reliably transferred into patients' electronic records. This only affects GP practices using Docman software (v7) with EDT enabled. If practices have moved to Docman 10 but have previously used Docman 7, they may still be affected. All practices in the UK using this software are in scope; and, in England, you should follow the instructions as set out by NHS England in the unprocessed documents [guidance](#) and the GP alerting schedule [guidance](#). Practices are being asked to complete this NHS E [spreadsheet](#) which we have noted as additional burden on practices but it is the current format for identifying clinical risk.

Practices are advised to contact their CCG in the first instance; support will also be available from their local GPIT service provider.

In response to this, the GPC has made it clear that this is obviously a seriously concerning situation and they are pressing NHS England to urgently ascertain the scale of the problem, and crucially establish whether patients have been put at risk. Plans to address the issue must immediately be put in place, and practices must be adequately resourced to manage the additional workload this involves. This is clearly the latest in a number of examples of patients and GPs bearing the brunt of technological failings which is not acceptable.

In order to estimate the size of the impact, GPC are looking to survey practices in due course, and would appreciate if practices could start making note of the following processes:

- 1) Find 'unprocessed' folder on your Shared Drive (Shared > PCTI > DOCMAN7 > DATA_S1 > EDT > UPROCESSED). Please review the folder and note down the number of total files. **Total number of files:** _____
- 2) Download and run the Docman tool. Once you have run the Docman tool, confirm the total number of files left in this folder. **Number of files following use of Docman tool:** _____
- 3) You will be expected to carry out a clinical risk assessment on the remaining files. Keep a note of the total number of risk assessments. **Total number of risk assessments:** _____
- 4) Please note down and provide total number of practice hours spent reviewing and completing this task. **Total number of hours spent:** _____
- 5) Was the practice at the time of Docman installation instructed how to use the Docman Alert scheduler? Yes/No/Don't know/What is the alert scheduler?

Diamorphine Supply Issue Update

The Department of Health and Social Care is continuing to work with the suppliers of diamorphine injection and can provide the following update on the Diamorphine supply issue:

Diamorphine 5mg and 10mg Injection

Accord: are still out of stock of diamorphine 5mg/10mg injection, but have advised that new stock of both strengths will be available during the w/c 27th August. There are further deliveries scheduled for both strengths through September, October and the coming months.

Wockhardt: still have supplies available, but as previously advised they cannot support the full demand for primary and secondary care.

We are therefore pleased to advise that this supply issue should hopefully be resolved by early September.

Until this time therefore please continue with the **management plan** as previously stated:

- Primary care and drug misuse centres will be able to continue to order diamorphine in line with historical demand.
- Secondary care will have access to limited supplies of diamorphine

Recommended Local Action- Primary care and drug misuse centres

- Although you will be able to access diamorphine as per historical demand, we would encourage prescribers to be aware of the supply issues and reduce prescribing where appropriate
- Please order responsibly during this time, in line with historical demand and do not stock pile to avoid lengthening the stock out period.
- In the case that diamorphine cannot be accessed, please refer to the clinical guidance issued by UKMI which provides more information on suggested alternatives to diamorphine: www.sps.nhs.uk/articles/shortage-of-diamorphine-5mg-10mg/. The first-choice is morphine which is given in detail in this link. If you require clinical guidance locally – please liaise with secondary care prescribing partners in substance misuse services or pain specialist services
- Further information which you may wish to review include the Patient Safety Alert on high dose morphine and diamorphine www.nrls.npsa.nhs.uk/resources/?entryid45=59803

Distribution Arrangements

- Diamorphine 5mg and 10mg will only be available to order from Alliance. No minimum surcharges will be levied
- Morphine 10mg injection (Martindale) available to order from AAH only.
- Diamorphine 30mg injection (Wockhardt), diamorphine 100mg (Accord) and diamorphine 500mg (Accord and Wockhardt) – usual wholesalers.

Please also see this patient information [leaflet](#) which has been developed by NHS England to support this medicine supply issue

General Practice Premises Policy Review - Call for Solutions

NHS England and the DHSC are working collaboratively with the GPC England and RCGP to undertake a [review of General Practice Premises Policy](#), which will seek to identify how to ensure that general practice premises are fit for purpose, both now and in the future. Within the scope of the review NHS England is holding an open call for solutions, inviting submissions from interested stakeholders. GPC welcome a range of proposals, from those designed to address specific issues to those which would require a more significant system reconfiguration and encourage practices and individual GPs to submit solutions that address both individual and systematic issues. The open call will run from 8 August to 5 September 2018.

The [call for solutions pack](#) sets out further information about what the review is considering and how to submit a response (online survey or by post) – further details are available [here](#). GPC will soon be publishing a survey for practices on premises.

NHS Property Services

We have been made aware that in some areas (nationally) NHS Property Services have circulated template occupancy agreements to some practices. These documents have not been agreed with GPC and we urge practices to obtain appropriate legal advice before they sign up to anything like this. Read the GPC guidance [here](#).

Alvesco Inhalers- supply issue

The Department of Health and Social Care has been alerted by AstraZeneca to a supply issue with Alvesco inhalers across all strengths. Depending on the strength, resupply is not anticipated until mid-September 2018 (Alvesco 160) and mid-October (Alvesco 80). Astra-Zeneca has sent this [letter](#) to customers.

CQC Factual Accuracy Improvement Process

CQC has shared the following communication and would like to give GP practices an opportunity to submit their views on its factual accuracy process. In addition to submitting comments through CQC's online community (as set out above), feedback can also be sent directly to edward.foster@cqc.org.uk

Feedback from providers and inspectors shows that our [factual accuracy](#) process needs to be improved. We want to improve the efficiency, clarity and effectiveness of the process, and we need your help to do this.

Providers and inspectors have told us that the factual accuracy process is frustrating because:

- *The guidance does not give providers the information they need to understand the purpose and scope of the factual accuracy process, so submissions made sometimes overlap with other processes such as complaints.*
- *Providers can make more than one submission and submit large amounts of information, often not using the CQC Template provided. This is very time consuming for providers, and the information provided is not always relevant to the factual accuracy process.*
- *This increases processing time for inspectors, results in inconsistent responses, and delays to report publication.*

We want to improve the factual accuracy process to help providers make submissions that are appropriate, effective and concise. This will help improve the timeliness of report publication, saving providers and CQC time and resources and ensure a better service for the public.

We are at the beginning of making these improvements and want your views on what the key issues we need to address are, and what we could change to improve the process.

Please visit the online community for more information and to share your views: <https://communities.cqc.org.uk/provider/document-for-review/help-us-improve-our-factual-accuracy-process>

If relevant, please feel free to share this with colleagues in your organisation. They will need to be registered with the community to share feedback and can sign up here: <https://communities.cqc.org.uk/provider/user/register>.

The deadline for responses in Friday 31 August.

Kind Regards,
CQC

New Acting Director of Primary Care, NHS E

Following Arvind Madan's resignation announcement, I'm pleased to confirm that Dr Nikki Kanani MBE, who is currently deputy medical director of primary care at NHS England will step up to be acting director of primary care for NHS England on an interim basis with immediate effect. Nikki has a wealth of experience both as a frontline GP (she is a sessional GP based at a practice in Welling, South London) and in a range of positions within healthcare as a clinical leader (including chair of Bexley CCG). GPC have already had a meeting with her and she is very keen to develop a good working relationship with the GPC.

Sessional GP Newsletter

Read the latest sessional GPs newsletter [here](#); of particular importance this month, is the survey on Annualisation within the 2015 NHS Pension Scheme and it also includes the next instalment of the blog "Capita and the NHS Pension fiasco - What is going on....?!"

HEE Request for Case Studies Promoting a Career as a GP

Health Education England is asking for case studies to raise awareness of the benefits of a career in primary care. As the next round of recruitment for GP training applications will open 7 – 29th November 2018, HEE are keen to feature some accounts from GPs and GP trainees who are willing to help describe how they feel about treating their patients and what they have achieved or the outcome /benefit was.

As doctors spend a majority of their training and working life in hospitals, the aim is to better show what can be achieved by working in primary care:

- the skill of the primary care clinician in triaging, determining a diagnosis or treatment with multiple undifferentiated presentations
- challenge and stimulation of using the range of your medical training, dealing with conditions not limited to one body part or system
- ability to influence, educate and help prevent illness
- satisfaction of a good outcome for the patient

Further details are available [here](#) and if you would like to volunteer, please email GP Recruitment gprecruitment@hee.nhs.uk

2018 GP patient survey results

The 2018 GP patient survey [results have been published](#). The key findings were:

- confidence and trust in GPs and healthcare professionals remains extremely high at 95.6%
- 93.5% of patients felt involved in decisions about their care and treatment
- 94.8% felt the healthcare professional met their needs.
- 83.8% described their overall experience of their GP practice as very or fairly good.
- The majority of patients (68.6%) rated overall experience of making an appointment as good
- Overall 61.6% of patients got an appointment at a time they wanted or sooner and 66.1% of patients who wanted a same day appointment got one

UK GP trends data

NHS Digital has [published a report](#) with the key figures on country level workforce trends, practice numbers and list sizes and population projections in the UK and a breakdown of contract types in England. It shows that there are now 9085 practices in the UK, 191 less than 2016, with 7527 practices in England, a fall of 166 from 2016. The report also notes that 54-55% of GPs in England, Northern Ireland and Wales are female but in Scotland this is almost 60%.

GPC Newsletter

Read the latest GP newsletter [here](#)