

## CLMC Bulletin 324 – 23.05.17

### **FP10 Supply Issues**

NHS England have informed us that an issue has arisen following the cyber-attack. There is the potential that stock of FP10 pads may be running low as a consequence of having to revert to paper based prescribing.

Below is a message which area teams will be sending out to practices/pharmacists.

*The recent cyber-attacks have impacted the processing of EPS prescriptions in some GP Practices. This may have had an impact on local stock levels of blank FP10SS (and FP10NC for GPs and FP10PN for Practice Nurses) and the pre-printed FP10SS that GPs use for hand written prescriptions. GP Practices and dispensing contractors are reminded that:*

1. *The FP10SS (pre-printed pads) can be used for handwritten prescriptions. The minimum information to be included on a handwritten FP10SS is:*

- *Legally required information, for example patient's name and prescriber's signature; and*
- *Information relating to the identification of the prescriber that the NHS BSA requires for remuneration/reimbursement and apportionment purposes (for more information please access the following link: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/prescription-forms/prescription-form-overprint-specifications> Please note that batch issues of repeatable prescriptions must be computer generated.*

2. *GP Practices should note that:*

- *The FP10SS can be ordered from Primary Care Support England (PCSE) - <http://pcse.england.nhs.uk/>. Please note that standard delivery takes 6 working days upon receipt by Xerox and urgent delivery can take 2 working days upon receipt by Xerox. Please contact Simon McPartlin (Supplies and Archive Contracts Support) at [simonmcpartlin@nhs.net](mailto:simonmcpartlin@nhs.net) if you have any specific issues in obtaining these forms.*

### **MEN ACWY April 2017 GPES Collection**

There was a problem with TPP and Microtech data collection linked to the April MenACWY vaccination programme and as a result there was no data returned for the practices supported by those providers. Some work has been done and Microtech has managed to retrieve the situation but, unfortunately, there is insufficient time for TPP to re-run the collection and allow calculation and payment. If delayed it would result in all practices not getting paid.

As this is a relatively low activity service at this time of year, NHS E have instructed NHS Digital to complete the data collection for the systems that have worked ok. For TPP practices will be given 2 options.

- They will be offered the opportunity to complete a manual return this month and calculation and payment will proceed from that. This will allow them to be paid in June as expected.
- Alternatively they can choose to wait until the June data collection and NHS Digital will collect all activity that has been delivered in April and May. This will mean they the paid in July but does mean they do not have to undertake any additional work.

NHS Digital has issued the standard failsafe communications to put the process on hold until further advice is issued. Further communication will be agreed with TPP and issued over the next day or two.

### **GP Resilience Scheme**

NHS E is working their way through the various applications and plan to take recommendations from the panel to a meeting on 30 May. Final decisions will be notified following this date. Please note that Ros Goode is no longer leading this work for NHS E and any questions should be directed to Claire on email [Claire.lynch5@nhs.net](mailto:Claire.lynch5@nhs.net) or mobile 07730379419.

### **NHS Complaints Procedure Return – deadline 7 June**

Please note the 2016/17 K041b complaints data return for general practice is now open and will be collected in the NHS England Primary Care Website [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk) (user guide - <http://content.digital.nhs.uk/datacollections/ko41b> ).

This collection refers to complaints received between 1 April 2016 and 31 March 2017 and will be collected from general practice between: **9<sup>th</sup> May 2017 to 7<sup>th</sup> June 2017.**

The NHS collects service wide data on complaints so significant trends can be identified and to show that services are being responsive to patient feedback. Primary care providers are required, like all other service providers, to provide brief details of complaints associated with your NHS work and submit a K041b return. Your practice will have received a letter from NHS England with further details about the collection and changes to the content being collected this year. Please note that no personal information (information from which patients or others can be identified) is required. It is a statutory and contractual requirement to declare complaints information.

Practice staff who have the permission to submit the annual practice declaration to NHS England will inherit the permissions to submit the K041b.

Should you have any queries relating to the new categorisation of complaints you have received during the year, please contact NHS Digital at [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) .

### **Emotional and Practical Support for GPs Caring for Dying Patients in the Community**

The BMA undertook some work exploring the experiences, views, and perceptions of doctors and the public on end-of-life care and some aspects of physician-assisted dying. More information on this work, and the recommendations arising from it, can be found at [www.bma.org.uk/endoflifecare](http://www.bma.org.uk/endoflifecare).

A leaflet setting out the key recommendations can be found [here](#). Some of the recommendations are directed at healthcare providers, and some of these are in areas where some simple changes could have a significant impact.

#### **Emotional support for doctors**

One significant finding was the emotional toll that caring for patients at the end of life can have on doctors and the lack of emotional support available to them in many parts of the country.

- Nearly 70% of respondents sometimes felt that caring for patients at the end of life had an emotional impact on them personally and 25% were always affected;
- of those affected emotionally, only 15% had accessed formal or informal support networks locally or nationally; and
- only 18% felt there was sufficient support available to doctors caring for dying patients.

One of the respondents summed up concerns by saying “I don’t think we spend time thinking about the emotional impact, so we bottle it up then burn out.” To avoid this there is a need to put systems in place and remove the stigma attached to seeking help, so that staff are encouraged to seek help and support at an early stage, before these stresses begin to have a negative impact on their health and their ability to care for patients.

There are many mechanisms that can be put in place locally that are inexpensive but have significant impact on staff well-being. There is also a role for national services, such as the BMA's counselling and doctor advisor service which is accessible, free of charge, to all doctors. Information about this service, and promotional materials can be found at [www.bma.org.uk/doctorsfordoctors](http://www.bma.org.uk/doctorsfordoctors).

#### Practical support for doctors caring for dying patients in the community

Another finding, which specifically relates to GPs, was the perceived need for, but apparent lack of, practical support for those providing care for dying patients in the community. Some doctors reported that local hospices and/or palliative care consultants provided telephone advice on issues such as pain management at all times of the day and night. When asked about these services in the online survey it was found that:

- less than half of respondent were aware of whether such a service existed in their area;
- where they were aware of the service 66.8% had used it; and, of these
- 92% felt that it met their needs.

Subsequent enquiries have shown that these services are more widely available than is generally recognised. If practices are not aware of the services available in their area they should contact their local hospice or palliative care service for information.