WIRE
Keeping Oxfordshire connected

SCW

August 2018	Issue 8

In this edition:

Information Governance
Data Security and Protection Toolkit (DSPT)

DSPT has replaced the previous IG Toolkit and reflects current legislative and policy requirements for protecting patient data, as well as the new Incident Reporting Tool.

Register for the new DSPT, if you haven't already just click here!

The submission deadline is **31st March 2019** but you can publish earlier.

Some of the questions in the DSPT will require answers from your CCG/CSU. NHS Digital is working with them so that they will be able to record the evidence directly into the DSPT to make it easier for you to complete.

You can register for a Toolkit webinar HERE

- For DSPT queries and support requests please contact:

    by email: exeter.helpdesk@nhs.net

- or telephone: 0300 3034034

Incident Reporting Guidance

Under GDPR you are required to report data breaches to the Informaiton Commissioner's Office (ICO) within 72 hours via the new Incident Reporting Tool if it is likely that any harm has occurred or anyone has been affected.

The new incident reporting tool uses a 5 x 5 matrix to help assess the severity and will automatically notify the ICO if required.

- To access the Incident Reporting Tool you need to log on to the DSPT

- The incident reporting guidance has been updated and is available HERE

You can also register for an incident reporting webinar here

GP IG Key Practice Roles

We have produced a simple table which summarises the key IG roles for a GP practice which you can access HERE

National Data Opt Out

The national data opt-out provides a new facility for people to opt out of their confidential patient information being used for research and planning.

The Royal College of GPs (RCGP) has developed a site with all the key information in one place which we think is the best resource to help staff understand what it means for your practice click HERE

You can register for a National Data Opt out webinar on the 26th September by clicking this link

Information is available for patients HERE

For more information, please contact the SCW IG team on:

✉   Scwcsu.igenquiries@nhs.net

Use of NHSmail Encryption Tool

In the last issue of Wire we provided guidance on how to use NHSmail encryption tool. We would like to clarify that it is not mandatory to use the NHSmail tool. It is recommended as a secure way to transmit sensitive data to a non-NHSmail user; however, it is acknowledged that some recipients have found the process of encrypting and de-encrypting emails somewhat cumbersome or confusing.   This has been discussed at Local Medical Council (LMC) and at the Oxfordshire IG Steering Group who accept that there is a potential for clinical information to be late or overlooked using this method.

The position of both groups is that NHS mail to NHS mail is still the most secure method of sending clinical information. However, when this is not possible and the clinical urgency outweighs the security risk, it would be reasonable to send information to OUH and OHFT addresses ending in .nhs.uk without encryption. The decision remains the responsibility of the sender on each occasion

Other methods, such as sending a fax and unencrypted emails to other organisations, should only be considered when the clinical risk of not doing so outweighs the information governance risks.

Please ensure you are familiar with the NHSmail Encryption guidance before you use it

For more information, please contact the SCW IG team on:
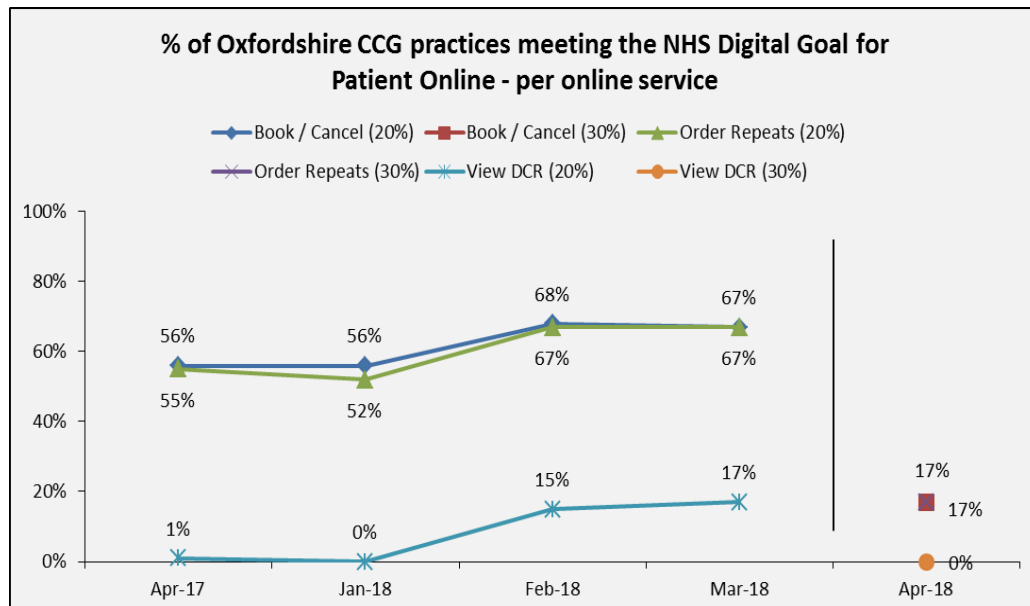
✉   Scwcsu.igenquiries@nhs.net

Patient Access

67% of Oxfordshire CCG GP practices had at least **20%** of their registered patients enabled to access one or more online service **by end of March 2018**
As the graph shows below, currently **17%** of Oxfordshire CCGs practices have at least **30%** of their registered patients enabled to access one or more online service.

% of Oxfordshire CCG practices meeting the NHS Digital Goal for Patient Online - per online service

HINTS AND TIPS:

University GP practices – It's almost time for the new student registrations. Have you thought about registering them for online services at the same time?

Flu clinics – You'll all be planning for the flu clinic season very shortly. Perhaps you could use it to increase your patient registrations? Maybe think about the following:

- Including online services promotion with your flu clinic campaign

- Checking whether your flu clinic patients are registered for online services?

- Making flu clinic appointments available for online booking

- Having online service registration forms available at reception areas of GP practices and in consultation rooms for flu clinic patients

Lynne Colley – Senior IM&T Project Manager
SCW

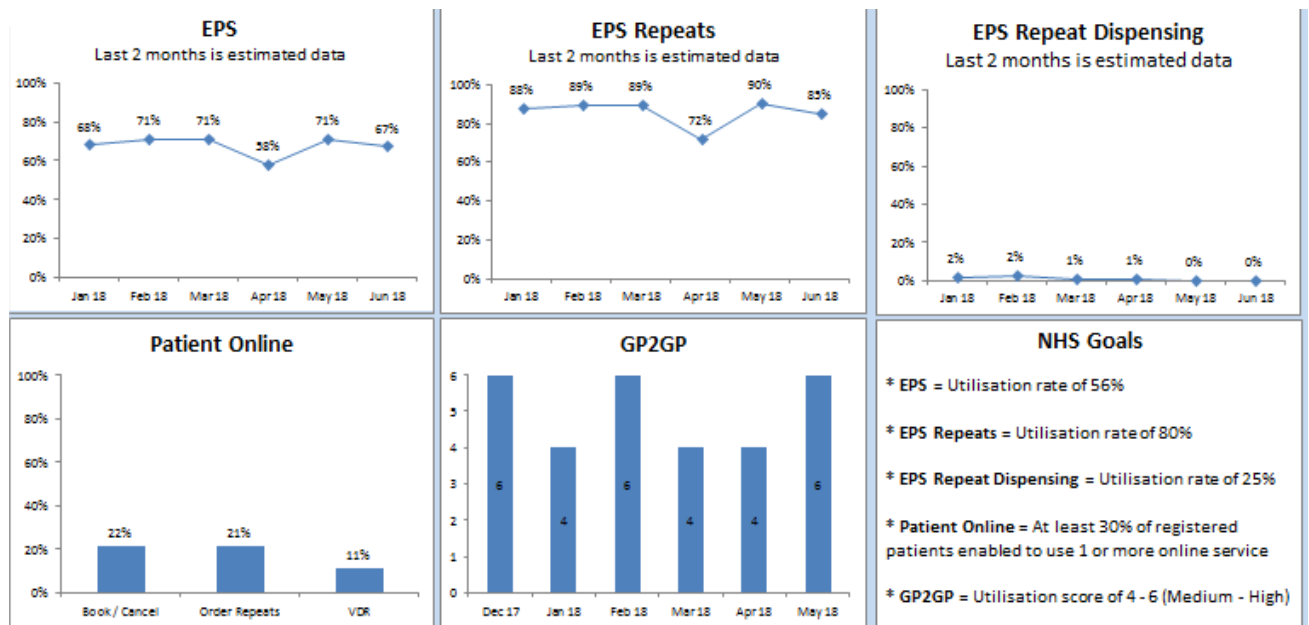☐   07747 455955
✉   lynne.colley@nhs.net

Electronic Prescription Service (EPS) r2
Update and Recent Utilisation Figures – July

A New Way of Displaying Utilisation Stats!

A few years ago, you asked us to send you the utilisation stats for EPS, GP2GP and Patient Online, each month. Up to now, this has been done in the form of a spreadsheet for each subject and the most recent can be seen on the links below. We have been working on a new dashboard which is designed give each practice its own 'page', where you will be able to see all your stats in one place with just a couple of clicks.

The new dashboard should be ready to be rolled out in the September edition of the 'Wire', but the following is a 'mock up' to show you what it will look like. We hope you'll think it is an improvement.

To review the current state of play with regards to the standard EPS utilisation, please use the following links:

- [All scripts](#)
- [Repeat prescriptions](#)
- [Electronic Repeat Dispensing](#)

For practices in the **North, North East, South East and South West** localities:

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For practices in the **West** and **Oxford City** localities:

Todd Davidson – Senior Change Manager
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📱 07557 456793
✉ todddavidson@nhs.net

GP2GP
Utilisation statistics for May 2018

This month's GP2GP report can be accessed via the following link:

- GP2GP utilisation for May 2018

Oxford continues to score above the national average by a significant margin:

- National average: 5.02 out of 6
- Oxfordshire average: 5.52 out of 6

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Electronic Referral Service (ERS) – 2WW
New 2WW Directly Bookable Services are available

The following Services for **Gynae** are now live for 2WW direct booking on the e-Referral Service.

Priority: **2ww**; Specialty: **2ww**; Clinic type: 2WW Gynaecology

- Suspected Gynaecological Cancer–2ww-Endometrial Cancer-Oxford University Hospitals-RTH – **to be used for Endometrial**

Please remember when referring to this Service that the pro forma must have the recent Ultrasound result attached.

Priority: **2ww**; Specialty: **2ww**; Clinic type: 2WW Gynaecology

- Suspected Gynaecological Cancer–2ww-Ovarian Cancer-Oxford University Hospitals-RTH – **to be used for Ovarian, Vulval, Vaginal and Cervical**

Please remember when referring to this Service that a recent CA125 blood test and Ultrasound must have been carried out and the results attached

For Vulval/Vaginal and Cervical please refer via Suspected Gynae Ovarian where the referrals are all triaged and then moved to the alternative restricted service if required.

2WW referral pro formas for these specialties, developed locally, contain a link to the NICE guidelines for clinicians to follow. Please make sure your practice regularly imports the OCCG pro formas as these change from time to time. Zip folders containing full sets of referral pro formas can be found on the Referral Pro Forma page or via the link at the top or right of pages in the Professional Resources > Clinical Guidelines section of the OCCG website.

A full set of training documents around this are available in the eRS document folder HERE

Incomplete Referrals

We have been asked by NHS Digital to make you aware of a screen change on the e-RS system which has resulted in an increased number incomplete referrals. It appears to have primarily been driven by the repositioning of the 'Submit' button, leading to users missing it and exiting the referral process before it has been completed. You should have received an alert about this, but the Incomplete Referrals (UBRNs) QRG has now been updated on the NHS Digital Website to include a screenshot of the moved 'Submit' button.

A user guide for this can be found HERE

A comprehensive training guide for ERS can be found HERE

Paper switch-off project – London Specialist Trusts

Details and dates can be found HERE

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GP referral pro formas
News and Release Notification August 2018

Keeping system pro formas up to date

Zip folders containing full sets of referral pro formas can be found on the Referral Pro formas page of the OCCG website.

EMIS practices

The zip folder EMIS-Pro-formas, with a date stamp in the format YYYYMMDD, contains all of the EMIS referral

pro formas currently in use. It can be saved, and imported in one step from within EMIS Web.

Also found on the Referral Pro formas page, the documents 'How to Cleanse your EMIS Pro forma library' and 'Working with GP Pro formas' give instructions on how to import the *single* zip folder and remove all old templates which have been replaced.

Vision Practices

Release of these pro formas is not always concurrent with the EMIS forms as they require further processing.

The zip folder INPS-Pro-formas, with a date stamp in the format YYYYMMDD, contains all of the InPS Vision pro formas currently in use.

Some of these pro formas have been upgraded to include SmartTags, which reduces the need to enter data by hand. They can be identified by a suffix of 's'.

August 2018 pro forma updates		
Pro forma name	**Version**	**New, or reason for update**
2WW Breast Clinic	v8	• Note added advising select both Banbury and Oxford services.
2WW Suspected Gynaecological Cancer EXCLUDING Ovarian	v12	• Clinic details added for Directly Bookable Services • Advice modified in respect of patients with PMB • No longer need to advise patient may be seen at Banbury or Oxford
2WW Suspected Ovarian Cancer or Benign Ovarian Cyst	v9	• Clinic details added for Directly Bookable Services • No longer need to advise patient may be seen at Banbury or Oxford
2WW Suspected Sarcoma or Bone Tumour	v9	• Bone and paediatric clinics, which are now directly bookable, added to the pro forma
Berkshire Clinic - Semen Analysis Request Form	v2	• Tick box added to confirm patient is 'not post vasectomy' • Clinic details updated to Maidenhead/Newbury - replacing Reading
Direction to Administer Medication	v2	• Updated DTAM (the "Digital Pink Form") now also to be used for Just-In-Case bag directions AND anything which will **not** be given via syringe pump. • **Replaces** DN Medication Administration Direction
Direction to Administer Syringe Pump	v2	• New additional DTAM to be used only for everything administered via Syringe Pump
DN Medication Administration Direction	withdrawn	• This pro forma is no longer in use; please ensure you **deactivate** it • Replaced by Direction to Administer Medication
Endoscopy - Lower GI (Not 2ww) Referral Form	v6	• Pathway clarified, to prevent OUH receiving InHealth referral forms. • Some formatting updates.

Endoscopy - Upper GI (Not 2ww) Referral Form	v5	• Pathway clarified, to prevent OUH receiving InHealth referral forms. • Some formatting updates.
Oxfordshire Wheelchair Service (OWS) Referral pro forma	v1	• A new pro forma to support referrals to the Oxfordshire Wheelchair Service
Specialist Palliative Care Referral Form	v5	• Note added – email pathway exempt from e-RS migration

Please let us know by writing to this address **occg.gpproformas@nhs.net** if you have any queries or comments about the referral pro formas.

Jane Thurlow
Project Support Officer, Digital Transformation Team

Docman 10 update

We now have 14 practices live with Docman 10. However, due to some serious issues the project was halted in the middle of June, whilst the problems were addressed. We are a long way down that line now and are hopeful that we will be able to re-start the project in September 2018. This won't happen until all the resolution criteria have been met, but it looks promising. If you haven't done it already, it is worth doing your housekeeping on the system by working through the review document which is attached.

One of the changes that has been made since the first group of practices went live, is that the migration now happens overnight before go-live day, giving you two whole days of training. In addition, Oxfordshire CCG has purchased an additional day for each practice from the CSU training team. We will co-ordinate this when we start moving again with the project, but hopefully this will make a difference.

Please get in touch if you have any questions.

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