

WIRE

Keeping Oxfordshire connected



June 2018

Issue 6

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Information Governance

GDPR Guidance



New BMA Access to Health Records guidance

Confused about dealing with information requests under GDPR? The BMA has released updated Access to Health Records guidance which can be downloaded **here**:

<https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/access-to-health-records>

Data Protection Officer Registration

You can now register your Data Protection Officer on the Information Commission Office website:

<https://ico.org.uk/>



European hearing on
Facebook/Cambridge
Analytica

04 June 2018

Take action

Pay fee, renew fee or
register a DPO



New Data Security and Protection Toolkit

An email is due to come out from NHS Digital with details of the Data Security and Protection Toolkit (i.e. the replacement IG Toolkit). We have been assured that Toolkit training is being developed for GP practices.

Details of training webinars aimed at GPs will be published in the near future here:

<https://www.dsptoolkit.nhs.uk/News/10>

New Incident Reporting Procedure

The Data Security and Protection Toolkit includes a new way to report Data Incidents.

An incident reporting webinar is scheduled for **12 June 2018** (2pm-3pm).

Further details are available here: <https://www.dsptoolkit.nhs.uk/News/10>

New Incident Reporting Guidance is available here: <https://www.dsptoolkit.nhs.uk/Help>

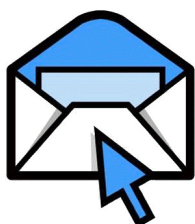
National Data Opt out

This new service, introduced by NHS Digital, allows people to opt out of their confidential patient information being used for research and planning.

Information for staff and resources to help you inform patients is available here:

<https://digital.nhs.uk/services/national-data-opt-out-programme>

GP IG mailbox



Please send all GP IG/GDPR enquiries to the GP IG mailbox to ensure they reach the GP IG

Team:

✉ GP-IGEnquiries.scwcsu@nhs.net

If you need support with a data breach, please mark your message as urgent.

Please be aware we are continuing to receive a high number of IG/GDPR enquiries. We aim to respond to these within five days. More complex queries may take longer.

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Patient Access

Patient Online – Guides to Promote Accessibility



The Access Needs Group recently developed four new guides to support GP staff with helping disabled patients to access GP online services.

Aimed at supporting people with sight loss, hearing loss, autism or learning disabilities, the Access Needs Guides will help you and other GP practice staff to provide practical support and advice to anyone who wants to book their appointments, order repeat prescriptions or view their GP record online.

The guides will also help you to improve your communication with patients with these disabilities, as well as improve your practice website to ensure it enables the effective use of accessible technology.

Download the guides from: www.england.nhs.uk/patient-online/support/

Lynne Colley – Senior IM&T Project Manager
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GP2GP

Update and Recent Utilisation Figures – June 2018



It's hard to make statistics sound interesting, but it is great to see that Oxfordshire continues to beat the national curve in virtually all areas. Below are snapshots of how Oxfordshire measures up to the national picture with regard to GP2GP and EPS.

As it stands, the utilisation for making use of the GP2GP system is as follows:

	National average	Oxfordshire
Overall score (score from 1-6)	5.05	5.24
Requesting	82%	80%
Sending	93%	97%
Integration (within 3 days)	73%	77%

If you would like to view the detailed picture, you can access the GP2GP tracker table [here](#)

If you would like any further information or help, please contact your local Primary Care Manager.

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

Lynne Colley – Senior IM&T Project Manager
SCW

☎ 07747 455955
✉ lynne.colley@nhs.net

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

Todd Davidson – Senior Change Manager
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☎ 07557 456793
✉ toddavidson@nhs.net

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



All scripts

	Estimated April 2018	Estimated March 2018
National average	67%	69%
Oxfordshire	69%	71%

View full stats [here](#)

Repeat prescriptions

	Estimated April 2018	Estimated March 2018
National average	86%	89%
Oxfordshire	107%	111%

View full stats [here](#)

Electronic repeat dispensing (eRD)

	Estimated April 2018
National average	8.4%
Oxfordshire	8.4%

View full stats [here](#)

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NHS e-Referral Service Paper Switch-Off Programme

Important Date

The Paper Switch Off date for OUHFT will occur in advance of the deadline to allow the reporting, commissioning and referral management systems to stabilise before the cut-off date of **1st October 2018**.



To GP Surgery

Private & Confidential

Dear Colleague

NHS e-Referral Service Paper Switch-Off Programme

As you will be aware, there is a national requirement that from the 1st October 2018 all GP referrals to consultant led first outpatient appointments must be made via NHS e-Referral System (e-RS). If a referral is received **without a UBRN number** attached then the Trust will not be paid. As a consequence, Oxford University Hospitals NHS Foundation Trust (OUHFT) in line with all acute providers throughout England will be going paperless and only accepting e-RS referrals.

The Paper Switch Off (PSO) date for OUHFT will occur in advance of the deadline to allow the reporting, commissioning and referral management systems to stabilise before the cut-off date of 1st October 2018. OUHFT, in collaboration with Oxfordshire CCG, have been working to deliver phased paper switch-off programmes across all four sites of the Trust.

The Trust is in the process of updating the Directory of Services in preparation for the PSO.

With the exception of consultant led services NOT requiring e-RS which are listed in Appendix 1 – the following will apply:

From 1 July 2018 (soft launch date):

- Practices to make every effort that all referrals are made through e-RS.
- OUHFT will respond to referrals received outside e-RS with a reminder advising of the upcoming PSO date of 1 August 2018.

From 1 August 2018 (hard launch date):

- Practices must refer to OUHFT using e-RS for all relevant specialities.
- OUHFT will **return referrals to the GP with a request for the patient to be re-referred using e-RS**.

Practices need to ensure that they have systems in place to identify returned referrals and to ensure that these are re-referred to the Trust **via e-RS**. Returned referrals requiring entry on e-RS by the practice will only be proactively followed-up if they are 2WW referrals to OUHFT.

Yours Sincerely

Sara Randall

Sara Randall

Deputy Director of Clinical Services and e-RS Lead

Appendix 1: Consultant led services which do not require referring via e-RS at OUHFT from 1 July 2018

The following services have been exempted for logistical reasons in discussion with the CCG, because it is not yet logistically viable for them to receive digital referrals:

- Emergency Clinics where patients need to be seen with 24-48 hours.
- All non-consultant led services i.e nurse led clinics
- Fracture Clinics
- Obstetrics
- Patients with no NHS number
- Patients with NHS number who do not wish their details to be added to the spine
- Referrals from dentists to Maxillo-facial service*
- Referrals from optometrists to ophthalmology*
- Referrals from prisons*

*Whilst these areas await being linked to the NHS e-Referral system.

Click here to download a printable copy: [Letter to advise of PSO](#)

Contact details for PSO Leads

Sara Randall - Deputy Director of Clinical Services & e-RS Lead

☎ 01865 (5)72400

✉ Sara.randall@ouh.nhs.uk

John Gregory - Service Improvement & Development Lead

☎ 01865 (7)40947

✉ John.gregory@ouh.nhs.uk

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GP referral pro formas

News and release notification - June 2018



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

You are reminded that ...

... this is the principle approved method of distributing referral pro formas to Oxfordshire GP practices. (Some practices receive pro forma updates directly via Resource Publisher, but these remain in the minority.)

Please do not act upon any emails regarding referral pro formas sent to you directly by external service providers, and let us know if you receive any such communications.

All specific actions and guidance relating to pro formas will be issued by the GP Pro Formas Team – usually published in *Wire* but otherwise by email from myself or Dr Tom Nichols.

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 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'.

June 2018 pro forma updates

Pro forma name	Version	New, or Reason for update
2WW Suspected Lung Cancer	v10	<ul style="list-style-type: none"> Instructions for requesting CT clarified
2WW Suspected Urological Cancer (Prostate)	v13	<ul style="list-style-type: none"> Updated to show 'available for an appointment within the next 14 days' GP fax no. removed
Exercise on Referral form (Unified)	v4	<ul style="list-style-type: none"> Rose Hill removed from list of providers (resource issue) Links made clickable GP fax removed
Haemorrhoid Referral Form	v1	<ul style="list-style-type: none"> A new pro forma to support referral for management of haemorrhoids in line with the OCCG Commissioning Statement
MSK Assessment Triage and Treatment Service (MATT)	v10	<ul style="list-style-type: none"> Ensure podiatry referrals directed appropriately
Notification of Infectious Disease Pro Forma	v2	<ul style="list-style-type: none"> Email address rationalised Formatting updated Link to list of notifiable diseases added
Podiatry Referrals - NO Diabetes	v3	<ul style="list-style-type: none"> Ensure podiatry referrals directed appropriately
Podiatry Referrals - With Diabetes	v3	<ul style="list-style-type: none"> Ensure podiatry referrals directed appropriately
Safeguarding Conference GP Report	v3	<ul style="list-style-type: none"> Secure, encrypted email addresses added for receipt of referrals
Single Point of Access Referral Information	v2	<ul style="list-style-type: none"> Broken link replaced
SmokeFreeLife Oxfordshire	v1	<ul style="list-style-type: none"> A new placeholder document enabling GPs to direct patient self referral
Specialist Palliative Care Referral Form	v3	<ul style="list-style-type: none"> A combined form to enable referral to any of the 3 Oxfordshire hospices Replaces Specialist Palliative Care (Sobell) Proforma - please deactivate this pro forma
Unified Falls Services Referral	v1	<ul style="list-style-type: none"> A new unified pro forma, replacing 2 previous templates Please deactivate Falls Prevention Service referral Please deactivate Generation Games Exercise Referral Pro Forma

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

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EMIS Web

Docman 10 update



Five practices are already live with Docman 10 and a further 24 have go-live dates booked in the next couple of months. Once you have worked through your review document which is [attached](#) and are ready to go, please call to book a go-live. We are hoping that most practices will have been upgraded by the end of August.

In the meantime, there are things you can be doing to get ready. There is a familiarisation system for you and your staff to get to know and you can access this through <https://login.docman.thirdparty.nhs.uk>

To log into the system you will need an organisation code, a user name and a password. A list of [ODST Codes](#) and a [list of passwords](#), together with a selection of scenario-based task cards that your staff can work through in Docman 10, can be found via the following links:

[Logging in](#)

[Capture & filing](#)

[Task inbox \(clinical user\)](#)

[Task inbox \(admin user\)](#)

[Viewing pt documents](#)

[Clinical coding](#)

[Viewing content in Library & apps](#)

Two days training are included as part of the go-live process; a training schedule and training session details will be sent to you when we agree the go-live date.

If you would like any further information or help, please contact Lynne Colley, Docman 10 Project Manager.

Lynne Colley – Senior IM&T Project Manager
SCW



07747 455955



lynne.colley@nhs.net

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The GP Surgeries
Via the OCCG Weekly Bulletin

10 May 2018

Question	Where do Results go when they are “Rejected” in EMIS?
Answer	Nowhere

Dear Colleagues,

Although ICE has made a pivotal difference in reducing the number of results arriving at the wrong surgery, there are still issues with EMIS Lab Reports for ‘Unmatched’ patients where the details on the incoming result don’t match a Registered patient. The most common reason is because the request was made by hand NOT using ICE and the wrong GP surgery was put on the form – largely beyond your control.

When an “Unmatched” report appears in EMIS, please be aware that when you click “Reject”, the Report is simply DELETED in EMIS - it is ***not*** returned to the hospital (as the word reject implies). This is a clinical risk that concerns me and I have highlighted to EMIS.

Although the correct action for an unmatched Report in EMIS will often be to select the report and click “Reject”, you first need to communicate to the hospital that you have received misdirected correspondence so that they can try to identify to whom it should be sent. This may be best done by emailing ORH-Tr.OUHLaboratoryMedicineIT@nhs.net (or oxon.radiologyadvice@nhs.net for radiology). You could telephone through the OUH Switchboard **01865 741 166** (or the GP hotline **01865 234 560**) asking for the path laboratory technician, or to speak with Radiology reception.

If you become aware of a compromise of care sufficient to warrant writing up a Significant Event Analysis because of this issue, please report the event via DATIX, so that we can use the event to help EMIS prioritise improving this part of their software to be more transparent.

Yours sincerely



Dr Tom Nichols
GP Clinical Lead for IT

GP IT

Introducing Mobile Working and VoIP

Mobile Working

The project to invest in GP mobile working is underway. Having direct access to patient records away from the practice is seen as a key element of the digital strategy, using a mobile device such as a laptop or tablet. Staff will be able to access the patient record directly rather than relying on printed notes, and enter information at point of care rather than back at the surgery. A survey is being sent out shortly to practices to ascertain what type of solutions might be needed, and how they might be used, which will indicate where best the money can be invested. If you think your practice would benefit from investment in hardware and software to enable mobile working, then please take the time to complete the survey.

GP Telephone Systems (VoIP – Voice Over IP)

Funding has been secured to invest in VoIP telephone technology for practices. The benefit is that these types of phone system use the existing computer network rather than the standard telephone lines to carry calls. This should reduce call costs and provide improved facilities such as a shared directory, better call handling and management, and advanced features such as teleconferencing. A detailed requirements specification has been issued to a number of suppliers, and responses will be evaluated in the next few weeks.

David Hopper – Project Manager

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GP IT Training

Update from Training Team

Oxon South Area:

Wednesday June 13th 12.30pm-2.30pm at Wallingford Medical Practice

Oxon North Area:

Monday June 25th 12.30pm -2.30pm at Chipping Norton Health Centre

Oxon City Area:

Friday June 29th 12.30pm-2.30pm at Cowley Road Medical Practice



The agenda items are as follows:

1. Welcome and Introductions
2. EMIS Update
 - 2.1. New releases and headline changes (v8, v8.1, v8.2 and v8.3)
 - 2.2. SNOMED update
 - 2.3. Proxy Access
 - 2.4. Three patch release update
 - 2.5. Patient Online
 - 2.6. Summary Care Record
 - 2.7. Workflow Manager hints and tips
3. Resource Publisher
4. OCCG EMIS Searches and Reports update
5. SCW IT Training General Update
6. Q&A

To book training places, please contact the IT Training Team:

☎ 0300 123 5678

✉ training.scwcsu@nhs.net

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(NOTE. Submitting your request is achieved by entering your email address towards the bottom of the page and clicking on the Submit button)

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