

July 2018 Issue 7

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Information Governance

National Data Opt Out



RCGP has developed a site with all the key information in one place which we think is the best resource to help staff understand the national data opt out.

Click **here** for the Patient Data Choice Toolkit

National Data Opt out webinars are being hosted by:

- NHS Digital: https://digital.nhs.uk/news-and-events/events/national-data-opt-out-webinars and by
- RCGP: http://www.rcgp.org.uk/clinical-and-research/about/clinical-news/2018/june/guidance-for-gps-to-understand-the-new-national-data-opt-out.aspx
- Information is available for patients here: https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/

Data Security & Protection Toolkit (DSPT)

Register for the new Data Security & Protection Toolkit, if you haven't already: https://www.dsptoolkit.nhs.uk/

You can register for a Toolkit webinar here

For DSPT queries and support requests please contact:

exeter.helpdesk@nhs.net or telephone 0300 3034034

Incident Reporting

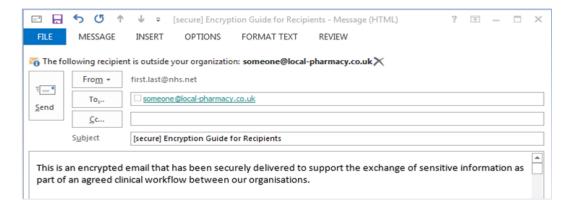
The incident reporting tool on the old IG Toolkit has been replaced by the Incident Notification Tool on the DSPT. Incident reporting guidance is available in the help section: https://www.dsptoolkit.nhs.uk/Help

You can also register for an incident reporting webinar here

NHSmail Encryption Tool

If you need to send information securely to a non-secure email you can use the NHS mail encryption tool:

- before sending an encrypted email, you should ensure that the recipient is expecting it
- send the recipient the <u>accessing encrypted emails guide for non-NHSmail users</u>, so they can register for the service



- do not include patient or sensitive information the first time you email this receptient
- once the recipient of the information has registered for the encryption service and confirmed to the sender this is complete, patient and sensitive data can be sent within an email or as an attachment
- create a new email message in the normal way
- ensure the recipient's email address is correct
- insert the text [secure] into the subject line to enforce use of encryption tool; it is not case sensitive
- the text [secure] must be enclosed by square brackets
- type the message
- click on send to send the message. An unencrypted copy will be saved in your sent items folder
- the recipient will need to log into the Trend Micro encryption Portal to open the email, or register if they have not done so already
- any replies received will be decrypted and displayed as normal in NHSmail

For more information or if you have not used the tool before, please read the Encryption guide for NHSmail

GP IG mailbox



Please send all GP IG/GDPR enquiries to the GP IG Team mailbox:

☑ 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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GP2GP

Update and Recent Utilisation Figures – as of April 2018



Recently, some practices have been reporting issues relating to the GP2GP system either hangs or crashes during times when integration is taking place. This, occasionally, results in integration activity not being recorded appropriately. Would practices please log a call with EMIS if this happens.

On the whole, Oxfordshire continues to perform well – with an average score for April being 5.34 out of a possible 6.

Full details about the GP2GP utilisation can be found here: GP2GP (April)

If you have noted system issues or need further information or help, please contact your local Primary Care Manager.

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

and **South West** localities:

Lynne Colley – Senior IM&T Project Manager

SCW

Todd Davidson – Senior Change Manager

SCW

□ 07747 455955
 □ 07557 456793
 □ lynne.colley@nhs.net
 □ todddavidson@nhs.net

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Electronic Prescription Service (EPS) r2

Update and Recent Utilisation Figures – as of May 2018



The most recent results of the EPS Utilisation programme are provided below (snapshot and full details).

Many thanks for your ongoing efforts to help with delivering excellent patient care — which include using EPS. If yhou need more information about EPS, please don't hesitate to get in touch, or refer to the NHS Digital Website.

All scripts	Estimated	Estimated
	May 2018	April 2018
National average	63%	61%
Oxfordshire	66%	63%

View full stats here: EPS R2 (May)

Repeat prescriptions	Estimated	Estimated
	May 2018	April 2018
National average	82%	79%
Oxfordshire	106%	100%

View full stats here: EPS R2 (May)

Electronic repeat dispensing (eRD)	Estimated
	May 2018
National average	8.8%
Oxfordshire	9.1%

View full stats here: EPS R2 (May)

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

Lynne Colley – Senior IM&T Project Manager	Todd Davidson – Senior Change Manager
SCW	SCW
07747 455955	□ 07557 456793
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2WW Services now directly bookable

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

Gastroenterology:

e-Referral Service details are now included in the revised 2WW gastroeneterology referral pro formas:

- 2WW Suspected Colorectal Cancer
- 2WW Suspected Upper GI Cancer and Hepato-Biliary Cancers

The pro formas include full details of the urgency, clinic type, specialty and clinic name to be selected when booking an appointment using eRS. Please see the July 2018 pro forma updates table, below, for the latest version.

These referrals are made to Telemed Triage clinics; the patient will receive a telephone call at the booked time and date, when their diagnostic pathway will be planned with them

Please book only one appointment if a patient is being referred for both Upper and Lower GI investigation. There is no need to book an appointment for each. Both forms can be attached to the one referral.

Children and Young People:

The following clinics are now directly bookable on eRS:

Priority: 2WW; Specialty: 2WW; Clinic types:

- Suspected Paediatric Cancer-2ww-Haematology-Oxford University Hospitals-RTH
- Suspected Paediatric Cancer-2ww-Medical Oncology-Oxford University Hospitals-RTH
- Suspected Paediatric Cancer-2ww-Sarcoma-Oxford University Hospitals-RTH

Please note that there is currently no dedicated referral pro forma for suspected paediatric cancers – please use the 2WW referral form for the appropriate specialty and, with the exception of Paediatric Sarcoma which has its own service, select both the Haematology and Medical Oncology Services in eRS to ensure that the patient is offered the first available paediatric appointment.

If you require more information, please contact:

Lynne Colley – Senior IM&T Project Manager

SCW

GP referral pro formas

News and release notification July 2018



Finding the right form in EMIS Web

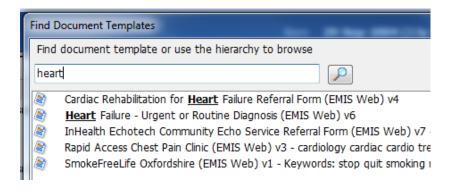
Trying to find the required referral pro forma for a patient by searching through a list of available forms is *not* the best way of going about it, because:

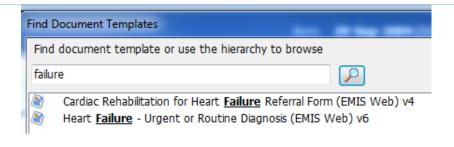
- Reading through a list of over 80 forms wastes time and can prove frustrating
- Not all forms start with the most significant word, e.g. Unified Community Diabetes Services Proforma;
 searching under D for Diabetes will not yield this form
- Relevant forms are not necessarily grouped together and finding one from the list may stop the search and conceal the fact that there are other forms which also be appropriate

To improve efficiency, OCCG pro formas for EMIS Web are built with additional associated keywords. When staff need to find a form, they should not have to know the title of the document, or which folder it is in. Instead, we suggest that you make EMIS Web do the hard work, and train staff to search for a sensible keyword.

For example when seeing a patient with heart failure, you might search for "Heart" or "Failure" or "Echo". Doing so will find the form you are expecting, AND other forms that may be relevant to care of the patient.

Entering the keyword and clicking on the magnifying glass delivers a choice of forms which may be appropriate:





Having a selection of relevant forms displayed in this way supports making the most suitable referral(s) for the patient.

Keeping system pro formas up to date

Zip folders containing full sets of referral pro formas can be found on the <u>Referral Pro formas</u> 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 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'.

July 2018 pro forma updates				
Pro forma name	Version	New, or Reason for update		
2WW Suspected Colorectal Cancer	v12	Clinic details added for Directly Bookable Services		
2WW Suspected Gynaecological Cancer EXCLUDING Ovarian	v11	 Link added to advice re gynaecology vs colposcopy for cervical polyps Gynae email advice service temporarily suspended 		
2WW Suspected Ovarian Cancer or Benign Ovarian Cyst	v8	Gynae email advice service temporarily suspended		
2WW Suspected Upper GI Cancer and Hepato-Biliary Cancers	v12	Clinic details added for Directly Bookable Services		
Acute Eye Symptoms Triage and Referral	v1	A new pro forma to enable the transfer of		

Form		 information from primary care to the Minor Eye Conditions Service (MECS), and to Eye Casualty. Includes guidance on selecting the appropriate pathway for short term eye conditions
Integrated Cardiology Service (OUH) Referral Form	v4	Advice added about referring patient directly to the Hypertension Clinic when appropriate
MSK Assessment Triage and Treatment Service (MATT)	v11	Requirement to copy urgent rheumatology referral emails to MSK MATT has been removed
New onset Rheumatoid Arthritis Referral Pro Forma	v6	Pathway clarity improved
Podiatry Referrals - NO Diabetes	v4	Show email pathway exempt from e-RS migration
Podiatry Referrals - With Diabetes	v4	Show email pathway exempt from e-RS migration
Urgent Weekend Dressings Referral Pro Forma	v3	Replaced fax numbers with email address for referrals

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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Oxfordshire Care Summary

Oxford Health clinicians access the Proactive Care Plan data



In January this year, Oxford Health launched an embedded MIG link within Adastra and Care Notes allowing clinicians to access standard GP data. This is the same data as is available in the OCS, but doesn't require the clinician to log in to a separate website.

Following an exercise to check the clinical safety of the presentation of the data, they are now able to access Proactive Care Plan data as entered via the dPCP template using the same link.

For any queries please contact rachel.valentine@oxfordhealth.nhs.uk

Lynne Colley – Senior IM&T Project Manager SCW

Q 07747 455955

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GP IT

GP Telephone systems (VoIP- Voice Over IP)



Market engagement with a number of VoIP telephony suppliers has concluded. We now have a very clear picture of the type of solution available, what facilities they can provide, and the likely cost of the various offerings. Because the potential level of funding is significant, the requirement has been put out to formal tender, and the suppliers involved in the market engagement process have been encouraged to submit their bids.

The timeframe for this is being kept quite short, but as the suppliers have already completed the groundwork required for the bid we expect to be able to move to preferred bidder stage very quickly. Once contracts have been signed, a rollout plan will be agreed and published; and practices that have expressed a desire to implement the new system will be moved across as soon as possible.

Mobile Working

Response to the survey at the end of May was good, and it showed that there is significant demand for mobile working across primary care. A number of individuals who responded to the survey also indicated they would like to be involved in a mobile working pilot. As a result we are currently in the process of acquiring and configuring a selection of devices. And a formal plan will be put in place for the devices to be properly tested and assessed, and feedback captured. At the end of this process one or more device(s) will be put forward as

the preferred solution for mobile working, with some devices made available to practices subject to the funding level available.

David Hopper – Infrastructure Lead

07512 952778

david.hopper3@nhs.net

The Health and Social Care Network (HSCN) – the new N3



As some of you may be aware, the old "N3" NHS network is being replaced by the new Health and Social Care Network (HSCN). The HSCN will address a longstanding issue that has made it difficult for health and social care professionals to communicate safely and securely about patients in their care. The HSCN solves this problem which will have a positive impact on coordinating patient care.

This is an ideal opportunity for all trusts, the CCG and GP's to review existing links. Work has been progressing with the OUH, Oxford Health and the CCG/GP's to look at our current links. We will still be maintaining the OXNET/GP CoIN; however, we will be 'going to market' to re-procure the connections and underlying infrastructure that make up this managed network

The OUH have agreed to lead on the re-procurement of our OXNET/GP CoIN and are now in the process of initiating the procurement process. It is hoped to award a contract to a new provider by the end of August 2018 with a view to switching over to the new network from October 2018 onwards.

Regular Wire updates will be forthcoming, so watch this space!

Igin Grant - Infrastructure Lead

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GP IT Training

Next EMIS Web User Group (Oxon West) 1st August 2018 (places still available)

Please note that the EWUG originally scheduled for 13th July has been cancelled and the new date is Wednesday 1st August 12.30pm-3pm at Nuffield Medical Practice

The agenda items are as follows:

- Welcome and Introductions
- 2. EMIS Update
 - 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

Recent sessions have been well received and felt to be very useful. Thank you to those who have been able to attend thus far; your input is gratefully received. We understand that staff are very busy in practice and finding the time to attend may be difficult. If you would like to see the information and presentations that were made available on the day, please click on the following links:

- EWUG presentation
- New Patient Access service
- SNOMED CT implementation FAQ
- SNOMED CT FAQs
- EMIS librarian rationalisation

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

300 123 5678

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Wire is produced by the Digitial Transformation Service team at South, Central and West CSU

To give us your feedback, please email scwcsu.dtscommunications@nhs.net

Want to see past issues?

You can find all back copies in Wire Archive at the following link:

 $\underline{http://www.oxfordshireccg.nhs.uk/professional-resources/the-wire-news.htm}$