NHS

South, Central and West
Commissioning Support Unit

WIRE

Keeping Oxfordshire Connected

May 2017	Issue #5

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GP Decision Support

OCCG has recently confirmed that it will not support the re-installation of DXS on to any new or re-configured machines within Oxfordshire practices. This is the start of the phasing out of the DXS solution. An active process is beginning to de-commission the DXS software in all practices.

We will keep you informed of progress but assure you that we are looking to develop a revised replacement service.The CCG intranet remains accessible for clinical guidance in the meantime. We are currently looking at a solution which includes an internet based service, with software in EMIS Web and Vision that will connect to the internet service.

For more information, please contact:

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NHS South, Central & West Commissioning Support Unit

- ☐ 07584 273 946
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Frailty Register and dPCP

NHS Digital has now published the codes for the Frailty Registers which start on 1 July 2017 which are accessible via this link. The Digital Proactive Care Plane (dPCP) software is being revised, and you will continue to be remunerated for creating certain dPCP documentation.

Please continue to read the full article, including a note of thanks from Tom Nichols here on the intranet.

Tom Nichols – GP Clinical Lead for IT
NHS South, Central & West Commissioning Support Unit

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National Diabetes Audit 2016-17

The National Diabetes Audit is now open for registrations. All practices will be required to submit their data through the NDA secure site, Data Landing. Guidance has been sent to GP practices by the NDA Team where they have contact details, but this message is in case you have been missed. The provisional dates for the data submission window is **12 June 2017 to 21 July 2017**.

Support for your GP practices for the NDA
A new collections webpage has been produced about the forthcoming collection and how to participate. Please visit http://content.digital.nhs.uk/nda_collection to find updated information before and during the collection.

The NDA team have worked closely with Diabetes UK to produce materials to help GP practices. A poster for GP practices to display in waiting rooms has been produced; this is also available in a PowerPoint format which can be displayed on waiting room screens where applicable. A patient information leaflet is also available to

download too. These can be found on the collections webpage (at the link above)

If you have any questions please contact the NDA team by emailing diabetes@nhs.net or calling 0300 303 5678 lines are open Monday to Friday, 09:00 – 17:00.

Niki Roberts – Health Intelligence Senior Information Analyst
NHS South, Central & West Commissioning Support Unit

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GP Referral Pro Formas
News and release notification May 2017

Zip folders containing full sets of referral pro formas can be found in the OCCG Proforma Library here or via the link in the banner at the top of pages in the General Practice > Clinical Guidelines section of OCCG intranet.

EMIS practices

The zip folder OCCG EW Proformas (with a suffix showing the date it was updated) contains all of the EMIS referral pro formas currently in use. It can be imported in one step from within EMIS Web.

Also in the Pro Forma Library, there is a document called 'How to update your OCCG EMIS Web Document Templates'.

By following the instructions to import the *single* zip folder, and removing all old templates which have been replaced, you will quickly acquire a set of approved and up-to-date pro formas.

Vision Practices

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

The zip folder OCCG INPS pro formas (with a suffix showing the date it was updated) contains all of the InPS pro formas currently in use.

Some of the 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'.

The individual templates are no longer available in their previous locations on the intranet.

EMIS Web Resource Publisher

Please let us know when you get notice of Resource Publisher activation. Once it is installed, the management of pro formas will differ from the current methods and we can advise how to approach importing and maintaining them.

May 2017 pro forma updates		
Pro forma name	**Version**	**New, or reason for update**
2WW Suspected Colorectal Cancer	v7	• Now advises that C+Es must be done within the past 3 months, rather than 6 weeks as previously required
2WW Suspected Haematological Cancer	v7	• Clinic details added for Directly Bookable Services
Local Home Energy Advice - Referral Information	v1	• New • This is a 'placeholder', a single page document detailing a programme which provides free advice, support and energy-saving measures to fuel-poor and vulnerable households • The aim is to help people affordably warm their homes and reduce negative health impacts
Obstetric Secondary Care Referral and MMRA	v3	• New • Previously available as a pdf on OCCG intranet and is now presented as an autopopulating referral pro forma
Podiatry Referrals – NO Diabetes and Podiatry Referrals – With Diabetes	v1 v1	• These 2 new pro formas replace the single form previously available • They will clarify the pathway and reduce the risk of patients being referred to the wrong clinic • Please ensure you **deactivate the Community Podiatry proforma …** • … and make sure everyone in the practice who needs to know is aware of this change

Please write to us at **occg.gpproformas@nhs.net** if you have any queries or comments about the referral pro formas.

Jane Thurlow – Project Support Officer
NHS South, Central & West Commissioning Support Unit

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✉   j.thurlow@nhs.net

Electronic Prescription Service (EPS) r2
Update and recent utilisation figures – April

90% of Oxfordshire practices are now using EPS, with just seven remaining.   The national average is **89%**, so we are now ahead of the game and Deddington will be going live in June. Utilisation figures for April are available via the links below:

All scripts, repeat dispensing and repeat prescribing figures.

If you would like help with using EPS, or more information about repeat dispensing, 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
NHS South, Central & West Commissioning Support Unit

- 07747 455955
- lynne.colley@nhs.net

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

Todd Davidson – Senior Change Manager
NHS South, Central & West Commissioning Support Unit

- 07557 456793
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GP2GP

Update and recent utilisation figures – April

Oxfordshire consistently stays above the national average with regards to GP2GP. This is a great reflection on the hard work that practices undertake to provide really excellent patient care as they transfer between practices or are returning to the UK following a time away.

As you will be aware, GP2GP utilisation statistics appear in Wire each month. This provision makes it easy to review, at a glance, how your practice fares across the OCCG patch which, in turn, might alert you to an issue that requires attention.

How utilisation is determined – a quick explanation

The overall utilisation score is not based on:

1. Requesting activity
2. Integration activity – with integration within three working days

It's really important to maintain a general level of good practice across both areas as reduced performance in one area can negatively impact on the reported utilisation. One of the challenging areas is the '*integration within three working days*' target. A practice can swing from **green** to **red** in a short time if integration is slower.

Why is the integration target important?

The main reason for the prompt integration of a patient record is that it will enable the patient's full medical

record to be visible at the new practice; without being integrated, it may not be possible to easily treat patients – so there is a clinical risk. In addition, integration works to:

- inform the sending practice that the patient has been received at the practice
- iInform the sending practice if it needs to print copies of the record or attachment before it sends the Lloyd George envelope.

Thank you so much for all your hard work

Roughly two-thirds of practices in Oxfordshire score 5 or better on overall utilisation

Regarding integration, practices in Oxfordshire – as a whole - are sitting above the national average at 76% of practices integrating records within three days (NOTE: the current national average is 70%)

You can review the results here: [GP2GP utilisation (April)](#)

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:	For practices in the **West** and **Oxford City** localities:
Lynne Colley – Senior IM&T Project Manager NHS South, Central & West Commissioning Support Unit	*Todd Davidson* – Senior Change Manager NHS South, Central & West Commissioning Support Unit
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EMIS Web
EMIS Resource Publisher

Resource Publisher is a free update to the EMIS licence which will replace Template Manager. It will allow OCCG-approved resources such as document templates and data entry tools to be shared directly into EMIS.

As preparation for this update, please refer to our User Guidance provided by Dr Tom Nichols: [Preparing for EMIS Resource Publisher](#). Although there is a lot more information within this document that should answer most questions, there is one key piece of information which we want stress below.

This will allow us to support you when it goes live and immediately afterwards if you need it.

<div align="center">

PLEASE NOTE

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During the upgrade, all your templates etc. will be moved into Resource Publisher but **any items which are currently 'Deactivated' (but not Archived) will be automatically Archived**.

> They won't be deleted, but to find them you would need to change the 'View' options on the Ribbon to 'View Archived' in order to see them, and they may be buried among *lots* of archived files, maybe with similar filenames making them difficult to locate.

Strong Recommendation: MUST DO before the Resource Publisher upgrade

1. Archive as many Deactivated resources as you can (if you aren't expecting to need them after the upgrade).

2. Move ALL Deactivated resources that you *do* want to easily access after the upgrade to a fresh, new Folder called 'DRAFT RESOURCES'. That way, they will be easy to find after the upgrade.

3. After the upgrade, you can put them into 'Draft' status and move them back to wherever you want them to sit

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Warning for Resource Publisher practices who were rolled back to Template Manager – Back Up your recently developed software

This warning only applies to practices who received Resource Publisher *and* were then rolled back to Template Manager.

As stated on the EMIS Support Centre page:

> *"Please note that any items you create from now in Template Manager until Resource Publisher is switched back on will be lost."*

Any software you developed in Resource Publisher before you were rolled back to Template Manager will still be there. While using Template Manager, we suggest that you Export any resources you develop such as new data entry templates, protocols or document templates to a Windows folder, so that you can import them once more, when your lose Template Manager again and regain Resource Publisher.

The Datasets team would like to know when practices receive the update – please contact OCCG.Datasets@nhs.net if you know you are going to receive the upgrade

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Electronic Referral Service

2WW Directly Bookable Services

Following on from previous announcements about developing directly bookable services (DBS) for 2 week wait (2WW) referrals to exclude cancer, the following specialties are now live:

- Breast cancer and symptomatic breast problems - 6 March 2017

- Dermatology – 13 March 2017

- Endocrine/Thyroid - 20 March 2017

- Haematology – 25th April 2017

- Neurology – 2nd May 2017

Some points to be aware of:

- Please do not email referrals for the above 2WW specialities, now that they are live on ERS.

- Appointments should only be booked for Endocrine/Thyroid under Head & Neck and not ENT or Oral.

- OUH are about to switch off their fax machines. **Please ensure that no further referrals are faxed to the Trust with immediate effect.**

- The patient has to be available within the next two weeks for the 2ww appointment or the referral will be passed back to the practice as the the patient should have been informed of this.

- If a patient is not available in the next two weeks there are two approaches. The practice can delay the booking of the appointment until the patient is available. Or in this circumstance the GP can make the referral but leave the patient to complete the booking when they are available. It is very important the practice has made the patient aware of the importance of the appt to rule out cancer and the practice makes sure that the patient makes the appointment. This can be tracked through worklists on the eRS system.

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Patients Know Best

A number of you may have received an email from EMIS about setting up a sharing agreement with Patients

Know Best. Please ignore it and do not proceed with any data sharing agreements at this stage. EMIS should be aware of this and should not be contacting you further. It appears that the message was a mistake and no data will be extracted. The following is an extract of an email received from Patients Know Best:

Thank you for your recent enquiry regarding the contact from EMIS towards some of your GP sites. Please accept our sincerest apologies for this oversight. Please know that no data will come to Patients Know Best (PKB) at any point until you agree and sign the sharing agreement on your EMIS system - but please do not do this.

For context, last year we were asked by EMIS to provide a list of GP practices that would like to make use of the central integration we were developing with EMIS. We approached some existing sites, including Oxford Health NHS Foundation Trust, and they provided a list of practices in Oxford to be considered at a later stage of this Project.

However, the interface and EMIS were delayed and this did not progress - and the suddenly EMIS decided to process those practices without warning.

Once again, I am sorry that the process and communication have been 'lacking' and be assured that no data is coming into PKB.

Kind Regards

*Success Project Manager, **Patients Know Best®***
w www.patientsknowbest.com

For further information please contact:

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