



South, Central and West
Commissioning Support Unit

WIRE

Keeping Oxfordshire Connected

July 2017

Issue #7

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Information Governance



IG Toolkit V14.1 Live

IG Toolkit version 14.1 is now online, and there are no substantive changes to requirements in V14.1 from V14.

V14.1 is an interim solution pending the introduction of a redesigned Information Governance Toolkit - as recommended in the [National Data Guardian's Review of Data Security, Consent and Opt-outs](#) - and based around assuring local implementation of the ten data security standards set out in that review.

The redesigned IG Toolkit is in phased development and is due to go live in April 2018.

The publication deadline for IG Toolkit V14.1 is 31 March 2018 and it can be accessed at either of the following:

- <https://nww.igt.hscic.gov.uk/>
- <https://www.igt.hscic.gov.uk/>

Q and A with Dr Chris Bunch, Chairman, UK Caldicott Guardian Council



The UK Caldicott Guardian Council has a new chair, Dr Chris Bunch, who is the Caldicott Guardian for a large acute NHS Trust. The Council has set out its priorities for 2017-18, and the full details will be on the new UK Caldicott Guardian Council (UKCGC) website. Priorities include:

- Improving communication with, and support for, Caldicott Guardians
- Developing regional and national links and networks
- Strengthening the Council
- Developing a library of Caldicott case studies
- Appointing Caldicott Guardians in Local Authorities, primary care and other small organisations

“What’s your advice to new Caldicott Guardians, who may feel a little overwhelmed in their new role?”

This is a very good question; there is the new [Caldicott Guardian Manual](#) to read, which has a [checklist](#) in it for Caldicott Guardians, and which provides a good steer for their role. It’s important for those new to the role to find out who the Information Governance and Safeguarding Leads are within their organisation, and to work with them. It’s also important to understand the environment in which you’re working and also to get to know Caldicott Guardians in other organisations, and to network. We have

also set up a Digital Forum to help networking with Caldicott Guardians and to discuss Caldicott issues.

You can join by emailing the Council secretariat ukcacsecretariat@nhs.net"

To read the full Q&A with Chris Bunch, please follow this link; [Q&A with Chris Bunch](#)

Other useful contact points are:

- [UK Caldicott Guardian Council](#)
- [The Caldicott Guardian Register](#)

Note that the [government's response](#) to the National Data Guardian's Report on 'Data Security Standards, Consent and Opt-outs' has now been published.

New Data Security e-Learning Now Live!

The new Data Security Awareness Level 1 e-learning is now live on <https://nhsdigital.e-lfh.org.uk> . This replaces the IG training previously provided through the IG Training Tool.

Data Security Standard 3 in the [Caldicott 3 Review](#) requires that all staff undertake appropriate annual data security training and pass a mandatory test.

Training modules

The training is split into four learning modules with an additional "Welcome module". Each learning module takes 12-14 minutes to complete and concludes with an assessment.

The modules can be taken in any order; the system will record the assessment pass mark and issue a certificate on successful completion (a score of 80% or more).

The topics covered in the four modules are:

1. Introduction to security awareness
2. Information and the law
3. Data security - protecting information
4. Breaches and incidents

Level 2 and Level 3 learning material will be released over the coming months.

How to access the content

1. **Self-registration:** If you would like to register to access this learning material please go to

<https://nhsdigital.e-lfh.org.uk/> , select the Register button and complete the requested details.

2. **Existing e-LfH users:** If you already have an account on the e-Learning for Healthcare (e-LfH) site, you can use your existing login details to access the training.
3. **Organisation registration:** If you are representing your organisation and would like to register a large number of employees, please complete the following survey and a member of the e-LfH Support Team will be in touch to discuss your requirements:

<https://healtheducationyh.onlinesurveys.ac.uk/nhs-digital-data-security-awareness>

Help and queries

For queries regarding content please contact the NHS Digital Contact Centre:

enquiries@nhsdigital.nhs.uk

For support with technical, registration or access queries please contact e-Learning for Healthcare

Support Team: <https://millennium.kayako.com/nhsdigital/Tickets/Submit>

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Electronic Prescription Service (EPS)

Update and recent utilisation figures – June 2017



The Utilisation Figures for June 2017 are now available. Of the 63 practices live with EPS, 79% are achieving over 84% (and more) of repeat prescriptions going through EPS, which is brilliant and a big increase on last month.

- [All scripts](#)
- [Repeat dispensing](#)
- [Electronic repeat prescribing \(eRD\)](#)

We want to support you to build on this achievement and develop use of the system further, encouraging patients and practices to use EPS. We will be looking at how we can help you benefit from using E-RD in the coming months. NHS Digital have provided a suite of tools to support organisations with their implementation of E-RD, if you would like to look at them in the meantime.

You can register and watch the “Maximising eRD” webinars on demand at:

<https://www.digital.nhs.uk/article/913/Electronic-repeat-dispensing-for-prescribers>

or view them on <https://youtu.be/jzDkpaYibws>

Useful links:

- The toolkit webpages can be found at <https://digital.nhs.uk/eps>
- Online eRD toolkits for prescribers (at bottom of web page) - <https://www.digital.nhs.uk/article/913/Electronic-repeat-dispensing-for-prescribers>
- Online eRD toolkits for dispensers (at bottom of web page) - <https://digital.nhs.uk/article/914/Electronic-repeat-dispensing-for-dispensers>
- System-specific prescriber eRD eLearning - <https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

If you would like further help with EPS R2, please contact:

Lynne Colley – Senior Project Manager
SCW

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EPS survey

Help shape the future of the Electronic Prescription Service (EPS)

Enhancements survey – dispensers

We want to know what enhancements to EPS dispensers and pharmacy staff want to see. Complete our [EPS enhancements survey](#) and tell us what enhancements you'd like us to prioritise or suggest your own.

Would you prefer automatic downloads or prescription collation to be included in EPS first? Would you prioritise adding an alert about urgent antibiotics to the script over automatically cancelling all outstanding repeat dispensing regimes when a patient leaves their practice?

The 19 enhancements proposed in the survey are based on feedback from users and other stakeholders.

The [EPS enhancements survey](#) takes around 10 minutes.

Enhancements survey - prescribers

NHS Digital are [asking users about future enhancements](#) to the Electronic Prescription Service (EPS).

Prescribers and dispensers have told us which enhancements are required, now we need to understand which are most important to you so we can prioritise them to use the resources and time available most effectively.

For example, would you prefer private prescriptions or personally administered prescriptions to be included in EPS first and would you prioritise adding an alert about urgent antibiotics to the script over automatically cancelling all outstanding repeat dispensing regimes when a patient leaves your practice?

The [survey](#) should take around 10 minutes to complete depending on your answers. Please share this link with others in the practice as we need to know what people in different roles think.

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GP2GP

Unfortunately, at the time of writing the GP2GP utilisation statistics are unavailable. We shall be sure to make them available as soon as possible.



Focus is on the benefits of using GP2GP – specifically around the management of large files, how GP2GP can reduce printing and full integration of returning patients (all in very easy-to-watch and short videos – the longest being 2 mins and 6 seconds).

NHS Digital makes information available in a variety of formats on best use of GP2GP. You can access all the resources [here](#).

Managing large files

This increases the ability to transfer large electronic health records (greater than 5MB or more than 99 attachments), as well as removing file type restrictions that prevented certain attachments from transferring.



GP2GP Version 2.2a

Transferring or sending large Electronic Health Records



<https://youtu.be/J0gCensz08>

Note: both the old and new practice must have **Large Messaging** for a successful transfer.

Reduced paper printing

Less paper printing for patients leaving a practice means reduced cost for practices, plus reduced scanning at the new practice. A notification informs the sending practice if any printing is needed, once the new practice has integrated (filed) the record.

Practices using Version 2.2a should integrate the received electronic health record promptly within 8 days.

Otherwise, the previous practice will automatically be notified at the end of day 8 that a) the record has not been integrated, and b) a paper copy

of the electronic record should be printed, to send with the Lloyd George envelope to the new practice. Extra printing causes avoidable work and expense for the previous practice. It increases the quantity of paper records the new practice will need to process and store.



<https://youtu.be/ZUrExpvKBc>

Returning patients

GP2GP gives the ability to integrate (file) the electronic health record for returning patients such as students and seasonal workers.



<https://youtu.be/NJrFEqUWakA>

If you would like any further information on this or anything GP2GP related, 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
SCW

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✉ toddavidson@nhs.net

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Electronic Referral Service (ERS) – 2WW

New 2WW directly bookable service available - Lung



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

Suspected Lung Cancer – 21st July 2017

Services already 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

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 formas](#) page or via the link at the top or right of pages in the Professional Resources > Clinical Guidelines section of the OCCG website.

The gold standard would be that an actual appointment is made either by the GP or one of the admin team, rather than the patient, to make sure this important diagnosis is not missed.

A full set of training documents around this is available in the eRS document folder on <http://www.oxfordshireccg.nhs.uk/professional-resources/ers-referrals.htm>

If you have any ERS problems with the OUHT services you can also contact:

Ben Clark

ERS Directory Services Manager, OUH
01865 743350
ben.clark@ouh.nhs.uk

Lesley Pinfold

Operational Service Manager & ERS Lead
01865 572 556
lesley.pinfold@ouh.nhs.uk

If you have any queries or would like any individual practice training, contact:

Lynne Colley – Senior Project Manager SCW
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GP Referral Pro Formas

News and release notification July 2017

Please be reminded that the new [OCCG website](#) was launched on Thursday 1st June and the old intranet site was shut down at the end of June; you should now refer to the new website when searching for information.

Zip folders containing full sets of referral pro formas can be found on the [Referral Pro formas](#) page or via the link at the top or right of pages in the Professional Resources > Clinical Guidelines section of the OCCG website.

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

We have been working to update all links to guidelines and supporting documents embedded in GP referral pro formas that are affected by the OCCG Website changes. This process is almost complete, and updated pro formas are listed below. The few remaining changes will follow shortly.

EMIS practices

The zip folder EMIS-Pro-forma, 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-forma, 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'.

Use of colour in referral pro formas

You may have noticed that we have been introducing the odd splash of colour here and there in the pro formas. Here's what it means:

Pink shading indicates entry is mandatory and the referral may be rejected if data entry is not completed
Pale blue is used for table headers, to aid navigation
Yellow shows where your referral letter should appear – free text giving background and any additional information
Pale orange boxes give guidance on making the referral, for example extracts from NICE guidelines
Green indicates a routine pathway
Purple shows an alternative pathway, e.g. urgent

Feedback and suggestions are welcome!

July 2017 pro forma updates		
Pro forma name	Version	New, or reason for update
2WW Breast Clinic	v6	<ul style="list-style-type: none">Updated with new OCCG website link to Fast Track Pathway Patient Information LeafletOther new OCCG website links as necessary
2WW Suspected Colorectal Cancer	v8	As above
2WW Suspected Gynaecological Cancer EXCLUDING Ovarian	v6	As above
2WW Suspected Haematological Cancer	v8	As above
2WW Suspected Head and Neck Cancer	v6	As above
2WW Suspected Ovarian Cancer or Benign Ovarian Cyst	v6	As above

2WW Suspected Sarcoma or Bone Tumour	v6	As above
2WW Suspected Thyroid Cancer	v2	<ul style="list-style-type: none"> Updated with new OCCG website link to Fast Track Pathway Patient Information Leaflet Updated clinic details for the eReferral Service Referral letter section highlighted to show that this information is <i>required</i>
2WW Suspected Upper GI Cancer and Hepato-Biliary Cancers	v7	<ul style="list-style-type: none"> Updated with new OCCG website link to Fast Track Pathway Patient Information Leaflet
2WW Suspected Brain and CNS Cancer	v8	<ul style="list-style-type: none"> New OCCG website link to Fast Track Pathway Patient Information Leaflet. Changed the DBS clinic details to match those seen on the ERS screen
2WW Suspected Lung Cancer	v7	<ul style="list-style-type: none"> New OCCG website link to Fast Track Pathway Patient Information Leaflet Clinic details added for Directly Bookable Service (DBS) Referral letter section highlighted to show that this information <i>is required</i>
2WW Suspected Malignant Melanoma or Squamous Cell Carcinoma	v6	<ul style="list-style-type: none"> New OCCG website link to Fast Track Pathway Patient Information Leaflet New OCCG website link to the Signs & Symptoms map Changed the DBS clinic details to match those seen on the ERS screen
2WW Suspected Urological Cancer (excluding Prostate)	v6	<ul style="list-style-type: none"> Updated with new OCCG website link to Fast Track Pathway Patient Information Leaflet Referral letter section highlighted to show that this information is <i>required</i>
Anticoagulation Service Referral (first release)	v2	<ul style="list-style-type: none"> Updated with new OCCG website link, filtered to present documents in the Cardiology Clinical Service Area
Anticoagulation Service Referral (second release)	v4	<ul style="list-style-type: none"> Formatting revised Fax numbers removed
Community Phlebotomy Proforma (Oxford City)	v2	<ul style="list-style-type: none"> Service no longer accepting faxed referrals; fax number removed Formatting updates Vision version withdrawn as no Oxford City practices are Vision sites
Heart Failure – Urgent or Routine Diagnosis	v3	<ul style="list-style-type: none"> Updated with new OCCG website links, filtered to present documents in the Cardiology Clinical Service Area
Local Home Energy Advice - Referral Information	v2	<ul style="list-style-type: none"> Change of wording relating to council names
NDPP Trailblazer Sites only - Invitation Letter WITH Leaflet	v1	The National Diabetes Prevention Programme (NDPP) is initially being piloted at selected trailblazer surgeries in the South East and West of Oxfordshire.
NDPP Trailblazer Sites only - Invitation Letter WITHOUT Leaflet	v1	Please ignore this documentation for the time being if you have not been contacted by an NDPP Project Manager and asked to participate.

NDPP Trailblazer Sites Only - NDPP Referral Form	v1	
New onset Rheumatoid Arthritis Referral	v2	<ul style="list-style-type: none"> Updated with new OCCG website link, filtered to present documents in the Rheumatology Clinical Service Area
Photo Dermatology Pathway Referral	v2	<ul style="list-style-type: none"> Updated with new OCCG website link, filtered to present documents in the Dermatology and Skin Clinical Service Area
Pulmonary Rehabilitation Referral	v3	<ul style="list-style-type: none"> Updated with new OCCG website link, filtered to present documents in the Respiratory Clinical Service Area
Vasectomy Referral Form and PIL	v4	<ul style="list-style-type: none"> Updated with new OCCG website link, filtered to present documents in the Sexual Health and GUM Clinical Service Area

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

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SCW

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Coming Soon: SNOMED

Summary & Benefits



As you may be aware, a new clinical coding system, SNOMED CT (Systemised Nomenclature of Medicine – Clinical Terms), will replace all Read codes by 1 April 2018.

The benefits of SNOMED CT are as follows:

- Vital information can be shared consistently within and across health and care settings
- It gives comprehensive coverage and greater depth of details and content for all clinical specialities and professionals
- It includes diagnosis and procedures, symptoms, family history, allergies, assessment tools, observations, devices
- Clinical decision making is supported
- It facilitates analysis to support more extensive clinical audit and research
- The risk of misinterpretation of the record in different care settings is reduced

NHS Digital have made the decision that it is the system supplier's responsibility to map appropriate

SNOMED CT codes to each Read code term already in patient records. This process has already started in the background with support from GP System of Choice (GPSoC), and will ensure that, in most cases, users will notice no change in the term text currently seen.

Guidance

EMIS practices should refer to the [EMIS Support Centre SNOMED Frequently Asked Questions](#) for further guidance (you will need an EMIS account to gain access).

INPS Vision have issued [this blog post](#) detailing their preparations for the move to SNOMED CT, and we would advise [submitting an enquiry to their support services](#) for more information.

NHS Digital are also providing support for this change in the form of [user resources](#) and a number of different [webinars](#) covering various aspects of the transition to SNOMED, including introduction and basics, designing queries, and Clinical Data Analytics.

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Docman Vault

Docman Vault Document Upload and Synchronisation Tool



Docman Vault is a secure document repository designed to allow patient documents to be accessed outside of the GP Practice enabling other authorised providers to access patients' documents. We are hoping to work with Federations for use with the Extended Hours Hubs and the Oxfordshire Care Summary to enable their access to the Vault, to ensure a more complete view of the patient's record and improved integrated care.

The vault securely stores a copy of the latest version of the patient document within the Docman Vault N3 hosted environment. Documents within the Vault can **only** be accessed by authenticated 3rd party access utilising the Vault Viewing application, which will be only be installed for that 3rd party once agreement is reached. For more information as to how documents are uploaded and synchronised to the Vault, please click [here](#).

In order to move forward with this, when each Federation comes on board we will be asking the member practices to sign a data sharing protocol; we will be in touch with you about this shortly.

In addition to Docman Vault, we have ordered Docman 10 which we hope will be available by the end of the year. We have been offered the opportunity to host a couple of workshops (maybe one in the north and one in the south) sponsored by Docman to look at both Vault and Docman 10. They have agreed to provide lunch and are suggesting a session might be a morning followed by lunch or lunch followed by an afternoon session. No dates or venues have been arranged at the moment, but we are probably looking at September and would like to get a sense if this would be of interest to you. If so, would you please email ed.browning1@nhs.net to let him know.

If you have any queries please contact:

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NHS South Central & West

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DXS removal from Oxfordshire practices



DXS is in the process of being phased out in Oxfordshire CCG. Over the coming months DXS will be removed from GP practices as part of practice migration to single domain. For practices already on single domain, Healthcare Computing or ABS will be in touch to confirm the date of removal.

This work will be undertaken by your support provider and will not require any input from practice staff. In replacement of DXS, OCCG are progressing a web-based decision support tool which users will be able to access from software in the clinical system.. In the meantime local clinical guidance is accessible from the OCCG website.

If you have any queries on this matter please contact Nadine Idris:

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Updating the OCS

As you know, the Oxfordshire Care Summary was launched in 2013 with the following aim:

The information on a patient needed to support his/her care will be available when and where it is needed by any authorised member of the clinical / social care professional team caring for that person.

The OCS has successfully provided live views of GP data, including Proactive Care Plans, to secondary, community and urgent care settings, with measurable benefit. It currently sits on the Case Notes platform, which is accessed via a web portal. In the OUH it is accessed via a direct link within the patient record.

As part of the national Global Digital Excellence programme, the OUH has extended its agreement with Cerner to include support for delivering more integrated care within the local health community. This gives us the opportunity to move the OCS to a new platform, to include a richer acute data feed and to provide direct links from within EMIS patient records. There will also be opportunities to incorporate other data sources. This move has been approved by OCCG and by Merlin Dunlop, Clinical Lead for the OCS.

In order to distinguish between the two platforms as we transition across, the name will change from the Oxfordshire Care Summary on Case Notes, to the new **Oxfordshire Care Record** (nOCR) on Cerner.

The transition to the new platform will take place towards the end of the year, but we are taking the opportunity to update the Data Sharing Protocol which was signed by practices when the OCS started.

We will be sending out these new protocols shortly; we would be very grateful if you could sign them and return a scanned pdf as you did before. We will of course keep you informed of when this transition is taking place, and ensure that you are able to use your direct link.

If you have any queries, please contact:

- oxfordshire.caresummary@nhs.net or
- merlin.dunlop@oxfordshireccg.nhs.uk

GP Data for Urgent Care

The new OCR will allow EMIS GPs and OUH clinicians to access it directly from within the patient record. Oxford Health clinicians are not yet able to do this, and will not be able to do so for some time. However, they have an opportunity to access basic GP data only (not the Proactive Care Plan and not OUH data) from an embedded link to the Medical Interoperability Gateway (MIG) within Aداstra and Care Notes. The MIG already provides GP data to the OCS / nOCR; the embedded link will be accessing the same data.

Oxford Health are proposing that they use this method of accessing GP data until such time as they are able to access the full OCR directly from within their clinical systems. They will still be able to access it via the web portal if necessary, but this is a much slower process.

This process has been approved by the IG Steering Group, OCCG and Lindsay Blamires, General Practice Information Governance Manager.

Again, we will require you to sign a Data Sharing Protocol for this process. All EMIS practices will need to enable new sharing agreements with Oxford Health on their systems, as you have done before. INPS practices will not need to do anything beyond signing the Data Sharing Protocol. We will be sending out the protocols and activation instructions.

If you have any questions, please contact:

- oxfordshire.caresummary@nhs.net or
- rachel.valentine@oxfordhealth.nhs.uk

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Wire is produced by the Informatics team at South, Central and West CSU

To give us your feedback, please email
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