



In This Issue

- Sharing electronic records for direct patient care
- Pertussis NES specification for pregnant women
- Focus on travel immunisations – amendments
- CQC consultations
- Practice boundaries
- The future of general practice – LMC AGM
- Prescribing issues – Confused?
- 2011/12 QOF achievement and prevalence data
- Meningitis C Vaccine, change in programme

Up & Coming Events

LMC AGM Dec 10th at Sam Platts Old Trafford.

SHARING ELECTRONIC RECORDS FOR DIRECT PATIENT CARE

A set of principles has been developed to support GP practices that are considering implementing shared record systems. Until relatively recently, data recorded in GP systems have not been directly accessible by other organisations. Data have previously been shared via specific clinical communications, such as referral letters. A number of GP clinical system suppliers have developed systems which allow healthcare professionals across different organisations to access directly the detailed information recorded during patient consultations.

These are high level principles, which the BMA believes represent best practice in terms of allowing records to be shared in order to facilitate patient care, whilst maintaining high standards of confidentiality. All system suppliers should aspire to meet these standards.

[The principles are available here.](#)

PERTUSSIS NES SPECIFICATION FOR PREGNANT WOMEN

It has come to our attention that, after GPC's agreement with the Department of Health on the [Pertussis NES specification for pregnant women](#), some PCTs are now requesting further information than what was agreed in this NES.

The NES only requires practices to provide the following information for monitoring purposes:

- Number of Pregnant patients (28 weeks and over)
- Number of women in the above group who have been vaccinated with Repevax

Whereas, the ['Prenatal Pertussis Vaccine Uptake Surveys 2012/13'](#) additionally asks practices to provide:

- Number of pregnant women with an estimated date of delivery (EDD) in the survey month
- Number of pregnant women with an EDD in the survey month that received a dose of Repevax

GPC is concerned about the additional workload this is creating without any additional funding and find it unacceptable that additional reporting requirements have been added to the NES after the agreement was made. They have therefore written to NHS

Employers asking for urgent clarification on this issue.

FOCUS ON TRAVEL IMMUNISATIONS AMENDMENTS

The [Focus on travel immunisations](#) document has been amended to add a note about the reimbursement of oral typhoid vaccine, and to clarify which travel immunisations are not reimbursable on the NHS.

CQC CONSULTATIONS

The CQC has recently published two consultations, on fees and their strategic direction. The consultations are available at <http://www.cqc.org.uk/feesconsultation> and <http://www.cqc.org.uk/thenextphase>. The BMA will be responding to both consultations, but GPs are also encouraged to respond. The more who respond, the better CQC will understand our unhappiness with being charged to be inspected.

PRACTICE BOUNDARIES

Patients who moved home a relatively short distance have found in the past that they had to re-register with a new practice when they would prefer to stay with their existing practice with whom they may have a well established relationship. There were instances of people who continued to be registered with a practice, despite living outside its boundary area. Contractual arrangements do not prevent practices accepting people onto their lists of NHS patients, even if they live outside of a practice's area¹.

Part of the agreement reached between NHS Employers (on behalf of the Secretary of State for Health) and the General Practitioners' Committee of the British Medical Association through the negotiations on changes to the GMS contract for 2012/13 in respect of choice of GP practice allowed practices to establish an inner and an outer boundary. You can get the full guidance in the document which covers: Outer Boundaries, Open and Closed Lists and Aspects of the Patient Choice Scheme – the section on inner and outer boundaries is covered in pages 4-8.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133707.pdf

Whilst it will in very many cases be helpful to patients and practices alike to set both inner and outer boundaries, no practice MUST have a wider outer boundary but the "expectation" is that practices will redraw their boundaries. This could be based around your existing patient registrations e.g. if your practice has the postcode of XX11 but you have a number of patients in XX2, XX3 and XX4 - your outer boundary could now include parts of these areas. You do not have to expand into "new" areas. If you would like to discuss this please call Vivienne Simenoff.

Contact us

Salford & Trafford LMC

2nd Floor, Oakland Hse

Talbot Road

Old Trafford

M16 0PQ

0161 873 9553/9559

Email:

<mailto:vsimenoff@nhs.net> or
Vivienne.simenoff@trafford.nhs.uk

Visit our website

www.salfordandtraffordlmc.org.uk

THE FUTURE OF GENERAL PRACTICE...LMC AGM DECEMBER 10TH 2012

General Practice, which has weathered so many challenges, is facing a veritable storm of change. This is not just in the services it may be asked to provide, but also the funding for GMS and PMS services which looks like being drastically reduced. Your LMC is well aware of the challenges that lie ahead and would like to invite you to attend our AGM on December 10th at Sam Platts where these issues will be discussed, along with other topics of interest. If you would like to come please email lmc.office@trafford.nhs.uk advising of the names of attendees and any special dietary requirements. A traditional Xmas buffet will be available – but only to those who apply!!!!

PRESCRIBING ISSUES - CONFUSED?

If you are unsure about prescribing a drug you may find it helpful to go onto the Medicines Management Group for Greater Manchester on <http://www.nyrdtc.nhs.uk/GMMM/G> You will find it particularly useful in understanding what is classified as **Red** ie drugs that should not be initiated or prescribed in general practice; **Amber** ie drugs that are suitable for shared care arrangements under a shared care protocol; or **Green** ie suitable for initiation (unless specified otherwise) and ongoing prescribing within primary care.

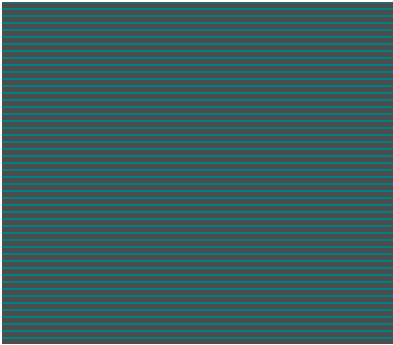
2011/12 QOF ACHIEVEMENT AND PREVALENCE DATA

The 2011/12 QOF achievement and prevalence data has been published by the NHS Information Centre, including a statistical bulletin, an online database and a set of detailed data tables. We are pleased to report that the average achievement has increased from 94.7% in 10/11 to 96.9% in 11/12.

The information is available on the following link to the NHS Information Centre: www.ic.nhs.uk/qof

MENINGITIS C VACCINE. CHANGE IN PROGRAMME

The Joint Committee on Vaccinations and Immunisations (JCVI) has recommended that one dose of the Meningitis C vaccine given at 4 months should be removed from the childhood immunisations programme, and that instead, a booster dose



should be offered to adolescents at the same time as the Td/IPV booster vaccination age 13-14 years (equivalent to school year nine in England). This booster will be picked up outside general practice as it was felt that school-based vaccinations would be the most effective.

Further details are still to be negotiated and we will let you know more details when we know them.