



WEEKLY NEWSLETTER -18th April 2022

1. [Electronic transfers of suspended patient health records](#)
2. [GPC QOF payment update](#)
3. [WM Police Cyber Awareness webinar](#)
4. [New: COVID vaccinations for housebound patients for all GP practices](#)
5. [Occupational Health Referral UHB](#)
6. [Reminder: Revised UK IPC guidance](#)
7. [Investment and Impact fund \(IIF\) respiratory indicators](#)
8. [World Immunisation Week – 24-30 April](#)
9. [NHS Cervical Screening Programme – updates](#)
10. [New national Commissioning Guidance for DOACs](#)
11. [New Primary Care IIFs to drive uptake of DOACs](#)
12. [New: Birmingham health visiting service referral form](#)
13. [New: Safeguarding contact information Bsol Update](#)
14. [New: Expanding the staff bank on Lantum Bsol update](#)
15. [New: Royal Orthopaedic Hospital service referral information update](#)
16. [New: MSK transformation programme](#)

1. Electronic transfers of suspended patient health records NHSE Update

From early May, you will electronically receive the 'suspended' health records of patients who are moving to your practice but are not currently registered with another practice.

These 'suspended records' provide information held before the patient left their previous practice and will arrive via the GP2GP system. Practices do not have to do anything. You will also continue to receive traditional record-keeping 'Lloyd George' paper envelopes from Primary Care Support England.

The new electronic transfer does not affect the procedure for patients leaving your practice's list who have not registered at another practice. You will still need to print their electronic records in line with usual practice. [You can find out more about these changes on FutureNHS](#) (You will need to register if you don't have an account).

2. GPC QOF payment update

GPC England are aware of the concerns that some practices and LMCs have raised with regards to the changes made to the childhood immunisation programme and associated QOF payments in April 2021 and are continuing to meet with NHSEI to discuss the issues and to seek possible solutions. We'll keep LMCs updated as progress is made.

3. WM Police Cyber Awareness webinar LMC Update

WM police are running a session for primary care on the current high level of cyber risks that they think would be useful to share with practices.

Cyber Awareness



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West Midlands Regional Cyber Crime Unit in partnership with NHS Digital is hosting a security awareness webinar to help those working in the NHS understand how to keep themselves and their patients' data safe online. This is open to primary care including GP Practices, Dentists and Pharmacists. During this webinar we will cover topics such as:

Staying safe online

Managing your digital footprint

Reporting of incidents

How to secure your organisation

The webinar will be held on Tuesday 26th April at 6pm. To register for the event please complete this short form <https://forms.office.com/r/bD7RJ09Pg8>.

Any queries about the event please email cybersecurity@nhs.net

4. New: COVID vaccinations for housebound patients for all GP practices Bsol Update

Birmingham Community Healthcare Trust (BCHC) has now completed the winter vaccination housebound programme and is commencing the Spring Booster Housebound programme. Those practices who have requested support from BCHC to complete their housebound patients will be contacted with the referral template and instructions on how to refer your housebound patients requiring a COVID vaccination within the next few days. This will be a direct contact from BCHC.

Referrals will be accepted for patients requiring any dose of COVID vaccination; however, the new referral process must be used, and referrals via other routes will no longer be accepted.

This is now an automated process, with reports created within your GP systems to streamline the referral and feedback process. There will be ongoing clinical systems support provided by the Digital Team, alongside user guides for each GP system (e.g., EMIS/System One etc).

If you have any queries regarding this, please contact nhsbsolccg.covidvac@nhs.net

5. Occupational Health Referral UHB LMC Update

Please find attached referral forms and price lists for your information. With thanks to Nusrat Sajjad PM from our Forum Group for sharing these.

6. Reminder: Revised UK IPC guidance NHSE Update

Last week, UKHSA published revised [UK IPC guidance](#). This revised guidance contains important changes in relation to the isolation of COVID-19 positive inpatients and their contacts. These changes to the UK IPC guidance signal a further step in the transition back to pre-pandemic IPC measures.

New [COVID-19 testing arrangements](#) introduced from 1 April should also be followed, outlining implementation of UKHSA's advice on NHS patient and staff testing, including agreed protocols for the use of PCR and LFD tests. [Our letter setting out these changes is available here](#).



7. Investment and Impact fund (IIF) respiratory indicators NHSE Update

The Investment and Impact Fund recommenced in full on 1 April 2022, with four respiratory indicators. These aim to tackle the UK's poor respiratory outcomes, whilst reducing carbon emissions from inhalers (3% of the NHS footprint).

The indicators reward Primary Care Networks for: improving steroid inhaler prescribing and reducing SABA overuse for patients with asthma, reducing the proportion of non-salbutamol Metered Dose Inhalers, and prescribing lower carbon salbutamol inhalers. These indicators should be applied where clinically appropriate, as part of a shared decision-making process with patients.

For more information, please see [this short guide](#), [Quality Improvement toolkit](#) and [our FutureNHS page](#).

8. World Immunisation Week – 24-30 April NHSE Update

This week is a reminder for people of how important it is to keep up to date with routine vaccinations. The annual event is championed by the World Health Organisation (WHO) and promotes the use of vaccines to protect people of all ages against preventable diseases, ranging from pre-school vaccinations like MMR, to flu and shingles which are available to older age groups.

All stages of the NHS vaccination schedule are vital for protecting the wider population's health. If people didn't manage to book their own or their child's vaccine appointments when invited during the pandemic, they are urged to make an appointment with their GP practice as soon as possible. [Find more information on the NHS vaccination schedule](#).

9. NHS Cervical Screening Programme – NHSE updates

The purchase of Human Papillomavirus (HPV) self-sampling home testing kits is increasing. Results of these private tests will not be acted on by the NHS Cervical Screening Programme (NHS CSP) and **cannot** be recorded in an individual's NHS screening record. If a private test result is positive, the person should be advised that having HPV does not mean they have or will get cervical cancer.

Individuals who have a private test remain eligible for the NHS CSP. Most HPV infections clear themselves without causing problems. If someone has persistent HPV infection, it will be identified when they accept their next NHS CSP invitation. Cervical cancer usually develops slowly over 10 years, in three stages: infection with HPV; development of abnormal cells if the immune system does not rid the HPV infection; and development of cancer if abnormal cells are not treated.

Testing in the NHS CSP changed in 2019 and now individuals are screened first for high risk-Human Papillomavirus (hr-HPV). [The cervical screening care pathway can be found here](#). This test is more sensitive to high grade [cervical intraepithelial neoplasia](#) (CIN) than the previous test, cytology alone. Screening first for hr-HPV has unlocked new opportunities in the NHS CSP, including HPV self-sampling as an alternative to the traditional clinician taken cervical screening sample. Further information on the HPVvalidate study is available in this [screening blog](#).



10. New national Commissioning Guidance for DOACs NHSE Update

Our national plan to accelerate the uptake of direct oral anticoagulants (DOACs) could see over 600,000 more patients receive treatment over the next three years, with the opportunity to prevent tens of thousands of stroke events. NHS England (NHSE) recently published [Commissioning Guidance](#) for DOACs which recommends that clinicians should use edoxaban, where clinically appropriate, consistent with the latest guidance from the National Institute for health and Care Excellence (NICE). This approach has also been endorsed by the UK's leading stroke charity, Stroke Association.

11. New Primary Care IIFs to drive uptake of DOACs NHSE Update

To support new [Commissioning Guidance](#) for DOACs, NHSE has funded [two new Primary Care Network \(PCN\) Investment and Impact Fund \(IIF\) indicators for 2022/23](#); CVD-05 encourages more AF patients to be treated with DOACs and CVD-06 encourages, where clinically appropriate, more patients treated with DOACs to be prescribed edoxaban. Both the Commissioning Guidance and the IIF indicators reflect NICE's updated [AF guideline](#) which recommends DOACs as the preferred anticoagulant for patients with AF, unless contraindicated, not tolerated or not suitable. Colleagues are urged to support the implementation of the Commissioning Guidance to deliver improved patient outcomes as outlined in NHSE's [2022/23 planning guidance](#).

12. New: Birmingham health visiting service referral form

An updated form for referring to the Birmingham health visiting service is available to download [here](#)

13. New: Safeguarding contact information Bsol Update

Please can the CCG's Safeguarding Team contact information be disseminated to all relevant staff within your organisation.

Website: www.birminghamandsolihullccg.nhs.uk

Email: nhsbsolccg.safeguarding@nhs.net

Safeguarding nurse team advice and support: 0773 031 8300 (Available Monday to Friday, 9am to 5pm)

Please can you ensure this information is clearly displayed and accessible on relevant contact lists within your workplace. The telephone advice line is a dedicated number for professionals only, not for wider public dissemination.

14. New: Expanding the staff bank on Lantum Bsol update

Lantum, the digital staff bank, is expanding its pool of staff from GPs, nurses, and advanced nurse practitioners to include other roles:

Clinical pharmacists
Practice managers
Medical secretaries
Receptionists



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The current phase is to onboard members onto the digital staff bank. Practices cannot yet advertise any shifts for the new roles at this stage. A further communication will follow when Lantum have adequate cover across Birmingham and Solihull.

You can access the Birmingham and Solihull staff signup page [here](#). The roles joining the Birmingham and Solihull locum bank will be picking up shifts in addition to the Additional Roles Reimbursement Scheme (ARRS) role. This is not to be funded via the ARRS.

A welcome pack is available to view [here](#) and you can find FAQs for support on how to operate your account [here](#). You can also download the Lantum clinician app on the [App Store](#) or [Google Play](#) after you've created your account on your desktop.

15. New: Royal Orthopaedic Hospital service referral information update

Advice and guidance: Royal Orthopaedic Hospital (ROH) is able to offer advice and guidance for all specialties. They aim to turn around requests within 48 hours and should the patient need to be seen by a specialist, they will convert to direct referral.

Waiting time to first appointment: Although ROH clinics are not directly bookable, their waiting times from referral to next available outpatient appointment are updated regularly within ERS and can be found in the advice to GPs information box.

Young Adult Hip: The [Young Adult Hip team](#) now consists of Callum McBryde, Peter Wall and Angelos Politis. ROH are currently booking patients into outpatients for this service within six weeks. Please direct your referrals either as advice and guidance or an open referral if appropriate.

Shoulder clinic: Although ROH's shoulder clinic is not directly bookable, their waiting times from referral to next available outpatient appointment is currently at six to eight weeks. The waiting time to surgery is eight weeks.

16. New: MSK transformation programme

An updated report on the Birmingham and Solihull Integrated Care System MSK Transformation Programme is available [here](#), as well a shorter [summary on a page](#).

Please note our office contact times remain 10:00-16:00 and any queries on the day should be directed to birmingham.lmc@nhs.net. If you do call the offices, then please leave a message as this will be transferred direct to our emails and we can respond quicker.

Please note that the LMC are unable to accept calls or hold communications with patients, we are GP representatives, and we would respectfully ask that Practices do not advise patients to contact us. Could we also remind Practices that any copies of patient related correspondence MUST be anonymised as the LMC cannot accept patient identifiable data.

Helpful Links:

BMA Website: <https://www.bma.org.uk/advice-and-support/gp-practices>

GOVERNMENT Website: <https://www.gov.uk/coronavirus> for recent and upcoming changes, guidance & support.

NHS ENGLAND Website: <https://www.england.nhs.uk/>