EASTERN GP FEDERATION SUPPORT UNIT



# NORTHERN IRELAND GENERAL PRACTICE MANAGEMENT HANDBOOK

2nd Edition (2024)

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## Introduction

This handbook is designed to support new GP Practice Managers by covering key topics encountered in daily operations, providing historical context, and linking to recommended resources. Originally adapted from a 2016 handbook by Robert Campbell for England, it has been updated by the Eastern Federation Support Unit (EFSU) for Northern Ireland. As a living document, it will be reviewed annually each September to ensure relevance. While efforts have been made to ensure accuracy, readers should verify details independently and select solutions that best suit their practice needs.

## GP Practice Managers

Northern Ireland has 312 GP Practices (as of March 2024), serving over 1.9 million registered patients. These practices range from single-GP practices with fewer than 2,000 patients to larger practices with over 10,000 patients and multiple partners. Some operate from a single location, while others include branch surgeries, with premises either owned or rented.

GP Practice Managers play a critical role, managing diverse responsibilities such as overseeing practice teams, maintaining clinical systems, handling patient complaints, managing payroll and accounts, and navigating complex payment claims. Their role demands adaptability, multitasking, and a broad skill set to ensure smooth operations in a dynamic healthcare environment.

## GP Practice alphabet

The handbook now includes over 270 entries (an increase of 6 from the previous edition) covering a wide range of subjects that GP Practice Managers encounter regularly. Each entry aims to provide concise, practical information in 50 to 100 words. Content has been updated with contributions from experienced GP Practice Managers, the Strategic Planning and Performance Group (SPPG), HSC Pension, the Eastern Area Federation Support Unit (EFSU), and other key stakeholders. Feedback, including suggestions for improvements, additional topics, or corrections, is always welcome and can be sent to the EFSU at info@easternfsu.co.uk

## Researching GP Practice Management

In preparing the entries in this handbook, the authors have used the internet extensively, in particular Wikipedia provides an excellent resource for historical topics whilst more specific websites provide the modern and current detail on subjects relevant to GP Practice Management.

There are two main categories of website, those representing NHS and professional bodies and those promoting a ‘commercial’ interest. For a full list of websites used please see Appendix 2.

## Using this handbook

We recommend taking the time to read through this document upon receipt to familiarise yourself with its content and structure. Given the extensive information included, we suggest using the hyperlinked contents section or the 'Find' function to locate specific topics. To do this, click the 'Find' icon in the top ribbon or use the shortcut 'Ctrl + F.'

You can also navigate the document by selecting the 'Bookmarks' icon on the left pane, which displays all hyperlinked sections. This allows you to scroll to specific letters or sub-chapters.

Please note that text denoted in blue contains external hyperlinks. Some links may become inactive or outdated over time as information is revised.

# A

## Abdominal Aortic Aneurism Screening

Abdominal Aortic Aneurism Screening (AAA) is a way of detecting a dangerous swelling in the abdomen, known as an aneurysm, and has been previously offered to all men in Northern Ireland who are in their 65th year. The screening involves a simple quick scan, and the results are given straightaway and copied to the patient's GP. All men over the age of 65 are invited to attend for screening by PHA. For more information click HERE

## Access to Acute Prescriptions

Acute prescriptions are medicines that have been issued by the Doctor but not added to the patient repeat prescription records. This is usually a medication issued for an acute medical need e.g., antibiotic or a new medication issued for a trial and will require GPs review prior to re-issue. Normally Practices don't make acute prescriptions available to order online as often a GP will need to speak with the Patient prior to issue.

## Access to GP Appointments

GP Practices have a certain autonomy as to how they structure their workdays, and this includes their patient appointment and access. As per the Annual Practice Governance Declaration Appendices A1-9, A9 Core Organisational Areas stipulates that as part of GMS Contract commitments the Practice must offer a range of appointment times of reasonable length on at least 5 mornings and 4 afternoons per week.

Practices must choose a clinical system from a BSO ITS approved provider list. Currently BSO ITS only have only one approved clinical system EMIS Web, as Vision is being phased out in NI. The GP Clinical System can be set up to allow patients to view available appointments online and then to select an appointment. Patients require a username and password provided by the Practice. This is via Patient Facing Services.

## Access to GP clinical systems by patients online



## Access to Medical Records

Under the General Data Protection Regulations (GDPR) and Data Protection Act (DPA) 2018, patients have a right to access to the whole of their medical record, unless to do so is likely to cause serious physical or mental harm to the patient or another person. This request is called a Subject Access Requests (SAR) or previously termed as a Copy Record request. It would be unusual and rare to invoke a bar on allowing access or releasing copies of records. Third party information should be redacted by the GP prior to release of the SAR. GPs are expected to allow access within 30 days. No fee can be charged for the first SAR, however duplicate requests can be charged a reasonable fee. For more information take a look at the BMA website and the ICO website

## Access to Medical Reports Act 1988

'Medical Reports' are prepared to support legal claims, sickness absence and insurance claims. The process of preparing the 'report' may include a medical examination. Patients should be asked to give written consent to the release of specially written reports to third parties and given the option if they wish to view in advance of it being issued to a third party. Patients that choose to view a report in advance of release should be given 21 days upon receiving notification that the report is ready to be viewed.

GPs are permitted to set, negotiate and charge 'private' fees for preparing such reports which may be paid by the patient or a party, although fees are often offered by the third party. For further guidance and fees see BMA. Most GPs now use software to help with the extraction of the information required and redaction of third-party information and other sensitive information that GP considers is not necessary to share for purpose the report is being requested. GP Practices in NI use a couple of different third-party software companies, full research is advised prior to partnering with a third-party software company to ensure compatibility with your clinical system. Some options available to you are IGPR or medi2data , but these are not exhaustive.

Copies of legislation can be obtained by downloading from the Government's Legislation HERE

## Access to Repeat Prescriptions (Online)

GP Practices are encouraged to offer patient access to requesting repeat prescriptions online via Patient Facing Services which links to the GP Practice Clinical System.

Repeat Prescriptions are used when GP wants to prescribe medicine that needs to be taken on an ongoing basis e.g., diabetes, high blood pressure. Care should be taken allowing access to children- those under age 16 and Practices need to have safeguards in place to prevent unauthorised access. It is normal practice for a GP Practice to request that a Patient nominates a chosen Pharmacy for collection of their repeat prescriptions. Practices are required to action repeat prescription requests within 48 hours and where a patient has agreed to Pharmacy nomination within 72 hours.

## Accounting Terms

GP Practice Managers will need to familiarise themselves with Practice Accounts and with interpreting 'annual accounts. It is advisable for Practice Managers to work closely with their Practice Accountants to understand and appreciation the value of information needed to prepare annual accounts.

Set out below is a short 'introduction' to accounting terms commonly used in general practice accounting:

| **Receipts and Payments** |
|---|
| In general practice accounts are kept on a receipts and payments basis, which records actual funds received and funds spent. |
| **Income and Expenditure** |

| |
|---|
| Inland Revenue expect practice accounts to be kept on an Income and Expenditure basis, which takes into account money owed to the Practice by Debtors and money owed by the Practice to Creditors. Where the Practice owes money on unpaid invoices those to whom the money is owed are known as Creditors. At the end of the financial years, it is inevitable that invoices will be received that are not paid by the last day of the financial year but later. |
| **Creditors** |
| 'Creditors' are those people, firms, and bodies to whom the Practice owes money. Practices for instance, may take advantage of 'credit periods' permitted on invoices. For instance, pharmaceutical companies might offer 120-day credit on influenza vaccines. |
| **Debtors** |
| 'Debtors' are those people, firms and often NHS bodies that owe the Practice money. At the end of the financial year Practices will need to estimate the amount owed for the GMS Contract Framework and Enhanced Services that have not been paid. There may also be invoices not paid for 'private income'. |
| **Petty Cash** |
| GP Practices will need to keep a record of both cash received for charges and private income and cash paid out to suppliers for goods and services. See Petty Cash. |
| **Private Income** |
| GP Practices might receive income from private sources. The income may be attributable to individual doctors to the Practice as a whole. Personal Income from paid outside commitments may not be shown in the Practice Accounts. See Private Income and Collaborative Fees Income |
| **Capital Accounts** |
| Partnership Capital Accounts show the individual partners financial commitment to the Practice and will include the value of property less mortgage loans. May include assets such as equipment, fixtures and fittings and drugs stocks. |
| **Current Accounts** |
| Partnership current accounts show the balance of undrawn profits. |
| **Drawings** |
| Drawings are sums drawn on the Practice by Partners on a regular basis. Set Payments might be paid by Standing Order. Additional sums might be drawn down from time to time as and when resources permit. |
| **Personal Expenses** |
| GP Partners incur personal expenses that may or may not be paid or reimbursed by the Practice aside from regular drawings. These amounts are in effect still drawings on the profit of the Practice. See Personal Expenses |
| **Balance Sheet** |
| The balance sheet will show the value of assets, liabilities, debtors and creditors. |
| **Profit and Loss Account** |
| A Profit and Loss Account shows the net profit remaining in the business. Care must be taken to ensure that there is always sufficient working capital in the Practice to meet expected outgoings. |

## AccuRX

AccuRX is a software solution that many GP Practices use that links with their clinical system to enable the sending and receiving of information e.g., Sick Notes/Med 3s, Patient letters or Private Referrals, advice leaflets, Imagine

Request Forms via an SMS message to the patient's Smart phone. AccuRX also offers a bulk message system which can prompt patients to book an appointment as well as reminding them of upcoming appointments. AccuRx also offers the facility for Practices and clinicians to screen and monitor patients with Floreys. Floreys are simple and structured patient questionnaires used for medical and administrative purposes which can in turn help Practices secure funding e.g., Smoking status or pre-screening tools e.g., Asthma etc prior to consultation. For more information see AccuRx Website

## Adoption – Health & Care Number and medical record

Patients who are legally adopted are issued a new Health and Care number and both the GP and any hospital medical records should be transcribed from the records in the pre-adopted name to new records in the adopted name, as a legal requirement. Any reference to the former name or identity or whereabouts of birth parents should be removed from both the manual record and the computer held record.

## Advanced Access Appointments – 24- & 48-Hour Appointments

Advanced Access is a system of managing appointments used by some GP Practices. The system works by measuring demand and attempting to ensure that supply meets the demand for appointments. Appointments would be reserved or embargoed.

## Advanced Nurse Practitioner (ANP)

The Advanced Nurse Practitioner works as a member of the General Practice Team. They work autonomously within their expanded scope of practice in line with the DoH (2016) Advanced Nursing Practice Framework. The Advanced Nurse Practitioner undertakes comprehensive and holistic health assessment of patients with undifferentiated health conditions, makes differential diagnoses, undertakes diagnostic investigations, formulates a diagnosis and negotiates a management plan with the patient and their family. This includes prescribing treatment; monitoring health outcomes; making onward referrals and/or discharging patients; and using expert decision-making to care for people presenting with clinical complexity and co-morbidities. The RCN has published a guide to the competencies it expects from Advanced Nurse Practitioners see HERE. Examples of job descriptions can be found on Practice Index website.

## Adverse Incident

Adverse Incident reporting plays an important part of health and social care's safety and learning culture. The aim of encouraging practices to report incidents is to identify learning, share good practice and improve quality of care and to prevent recurrence where possible. A reference guide for reporting of adverse and serious adverse incidents explains the process and difference in severity between a Significant Event, Adverse Incident and Serious Adverse Incident. An Adverse Incident is defined as 'any event or circumstance that could have led to harm loss or damage to people, property, environment or reputation.' The main difference between a Significant Event and an Adverse Incident is that an Adverse Incident has the potential for implications beyond the practice and/or wider learning for others. Adverse Incident reporting is an important part of risk management within the clinical governance framework. To report an Adverse Incident use AIF1(GMS) Form

## Agenda for Change (NHS Salary / Terms and Conditions)

In 2004 the NHS introduced a new salary grading system along with a set of terms and conditions of service, which replaced the NHS Whitley Council grading system for all NHS Staff. The AFC system offers a common set of grades with increments for use in the NHS which can be adopted by general practice.

Despite recommendations by the BMA about adopting AFC for practice nurses, only a small percentage of GP Practices use AFC pay grades due to their lack of affordability and the complexity of applying them in General Practice situations. Most GP Practices use their own local pay scales, which are more likely to follow the original Whitley Council pay scales. For more information about Agenda for Change and Pay Scales, see PayScales.

## Allocation of Patients

Patients who are unable to register with a GP can be allocated a doctor by Business Services Organisation (BSO). BSO only assign patients to a practice through the various funded schemes that are in operation or the Para 21 (Violent patient) allocation process. BSO may also be involved in allocation if the patient cannot secure registration on three attempts to register.

*NB* the patient would need three refusal letters for that scenario, and this involves BSO consultation with SPPG to determine which practice the patient will be registered with.

Patients who find themselves in this situation should contact by contacting BSO Family Practitioner Services on 02895360333. See BSO Website for more details.

## Alternative Provider Medical Services (APMS)

An Alternative Provider Medical Services contract (APMS) is a contracting route available to enable Health Boards, outside of a standard General Medical Services Contract, to commission or provide primary medical services within their area to the extent they consider it necessary to meet all reasonable requirements.

The difference between a GMS contract and an APMS contact is that a GMS contract provides services for a specific practice with a specific population and held by a general medical practitioner. APMS contracts allow General Medical Services to be provided across traditional GP practice boundaries, (for example across Cluster areas) and can be held by non-general practitioners such as CIC's. Another key difference is that GMS contracts are nationally negotiated, where APMS contracts are locally negotiated.

## Ambulance Services (NHS) & Non-Urgent Patient Transport

The Northern Ireland Ambulance Service (NIAS) provide emergency ambulances, first responder vehicles and hospital transport. Services might include those of a doctor and an air ambulance. Crews include emergency care assistants and paramedics. For responses to '999' calls. NIAS also provide a Patient Care Service (PCS) for non-emergency ambulance transport solely for patients with a 'clinical need' approved by a doctor, nurse, or allied health professional. There are 2 different categories:

GP Urgent Request for transfer – needed in 1 to 2 hours – GP Practice to ring 028 71347134. Clinicians should make emergency calls as NEWS2 Score is used to triage urgent ambulance requests. Surgeries now have their own dedicated number (clinician use only) to request emergency ambulances 028 9040 4080

GP non urgent out-patient appointment – GP Practice to ring 028 71347134. It is very helpful for Practice staff to share the following information at time of booking (although not contractual): Location, Consultant patient seeing, are they able to walk, wheelchair, trolley, are they being accompanied, DNAR in place.

During peak times or times when the NIAS is under extreme operational pressures, the Practice will receive notification via email of any updates to the service. This may include changes to emergency, urgent or non-urgent request procedures. This information must be shared with all members of the practice team so they are aware of how this may affect patient care

## AMSPAR – Association of Medical Secretaries, Practice Managers, Administrators and Medical Secretaries

AMSPAR is a professional membership organisation formed in 1964 that provides a helpline, a newsletter and support to Practice Managers, Administrators and Medical Secretaries working in general practice and the hospital service. It offers a professional qualification and in conjunction with City and Guilds a series of qualifications which are highly respected. A popular qualification amongst Practice Managers is AMSPAR Certificate/Diploma in Primary Care and Health Management Level 5.

## Annual Leave – Entitlement

The statutory annual leave entitlement for employees in NI is 5.6 weeks days per annum including bank holidays (28 days for someone that works 5 days per week), those working part time are entitled to the same level of holiday pro-rata, see NI Direct

Often GP Practice staff have more generous annual leave terms than this to enable staff attraction and retention. GP Practices independently employ their own staff and therefore are not legislatively required to offer the same terms as NHS staff.

Other staff in the practice may have different entitlements if they are employed by other organisations (i.e., NIMDTA, Federations, Trusts) so it is important to note these differences.

## Appointments Systems

A GP Practice can offer a face to face, in person, or telephone consultation by 'appointment' or at an 'Open' Surgery where patients sit and wait and there are no formal appointment times. Practices that offer appointments may offer regular or routine appointments on the same day or days and weeks in advance. Appointment slots might be embargoed for use only on the day. Other appointments may be designated for urgent cases only. GPs are free to consult for as long as required for each patient. GP Clinical Systems offer facilities to audit and manage appointments, including offering online appointment, ways to record arrival, departure, and the length of a consultation. GP Practices employ different techniques and ways to manage the ever-increasing demand on appointments. These include telephone triage systems, employing more minor illness nurses and nurse practitioners and engaging part time GPs to carry out small numbers of sessions.

## Appraisal & Revalidation

All licensed Doctors once accepted onto the General Medical Council (GMC) Register are required to conduct an annual appraisal and 5 yearly revalidation. An annual Doctor appraisal requires Doctors to collect, reflect and discuss at appraisal with your assigned Responsible Appraiser, it also agrees a new personal development plan for the coming appraisal year. Revalidation which is 5 yearly supports the Doctor to develop their practice, drive improvement in clinical governance and gives patients confidence that the Doctor is up to date. For more information see Royal College of GPs

## Asylum Seekers and Refugees

Individuals who have made a claim for Asylum in UK are entitled to access Health and Social Care in NI without charge. This includes entitlement to General Medical Services. Often those seeking Asylum will be housed in temporary accommodation, including hotels. GP Practices should not use temporary accommodation as grounds to deny registration of these vulnerable individuals. When processing a registration, they will be classified as a visitor and therefore required to complete section 2 of the registration form claiming exemption under Regulation 9. The individual should sign their form and provide either BAIL201 letter or Application Registration Card (ARC). Where

neither of these are available, the GP Practice should contact BSO Registrations team to undertake a check with the Home Office to confirm their status.

## Attachment of Earnings

Employees who have not paid, for instance House Rates, or have unpaid Government fine may be given an Attachment of Earnings Order by a Magistrates Court which requires the employer to make a direct deduction of the amount owed each month and then to make a payment directly to the local government council or to the Court. The deduction made should be shown on the employees payslip. Click HERE for further info.

## Audit

An Audit is essentially a review of a process against what it is purposed for. Audits are central to Good Clinical Governance. Practice Managers roles are important in ensuring that timely audits take place to identify and address and remove areas of risk. There are 2 main types of audits in GP Practice:

Audit Trail – The GP Practice Clinical System will be able to provide a clear audit trail of access, changes, and deletions by user. This is a very important tool for the safeguarding of a patient record, monitoring purposes and investigations arising from Significant Event or a complaint.

Clinical Audit – is a quality improvement process used in healthcare, collecting current patient care and outcomes against specific audit criteria e.g., Percentage of successful Cervical Smears taken over a period. A good audit will have the following key areas: aim, criteria, standard set, method, results, discussion, action plan.

## Average Patient and Practice List Sizes

Prior to the 2004 GP Contract, general practitioners kept their own individual lists of patients and could take the list with them if they dissolved partnership and wanted to continue practising in the same area. Nowadays the list size is kept as a Practice not personal list, although patients are now required to have a named doctor. In 1950 the average list size of a GP (full time) was 2,500*. By 1981 it had reduced to 1,915* patients. In 2002, the Information Centre for Health and Social Care reported an average list size of 1,764 and by 2012 it had further reduced to 1,569. The average Practice list size in 2002 was 5,833 and in 2012 was 6,891.

Practice demographics and general medical statistics for Northern Ireland can be found HERE

The author suggests that the higher practice lists have resulted from the increasing size of partnerships and the decline of singlehanded practices, whilst the lower average personal lists might be attributed to the increasing numbers of sessional and part time GPs. See GP Sessions.

For more information click HERE and see General Medical Services Statistics

*Source – Dr John Fry, Present State and Future Needs of General Practice

# B

## Blood Transfusion and transplant Service

The NI Blood Transfusion Service is under constant pressure to provide blood. There are four main types of blood types – A, B, O and AB. Stock levels vary from a day or so, to just over a week. The Blood and Transplant Service was

formed in 2005 has and needs a very effective publicity machine to ensure that the demand for blood is constantly met by blood donors. For further information take a look at the following websites – For Managers and patients, see NIBTS which says - "Patients who are generally in good health, between the ages of 17 and 65 and weigh 7st 12llbs (50 kg) can normally give blood".

## Bowel Cancer Screening

All men and women aged 60-74 are invited by post to carry out a Faecal Immunochemical Test (FIT) test. Every two years, patients are sent an invitation letter and a week later a FIT testing kit, which is used to collect a stool samples. More information can be found on HERE.

## Breast Cancer Screening

The NHS Breast Screening Programme offers mammography to all women aged 50 to 70. Women in this age group and registered with a GP are automatically invited for screening every three years. The result will be returned to the Patients registered GP within 2 to 3 weeks. See HERE for further info.

## Bribery Act 2010

It is illegal to offer, promise, give, request, receive or accept bribes. This might cover gifts and donations to a GP or Practice in exchange for using drugs or other products. GP Practices should consider agreeing a Policy which embodies the principles set out in the Bribery Act. GP Practices are required to keep a register of gifts received over £100 as part of end of year declaration or otherwise known as Information And Documents – Primary Care Intranet (hscni.net) (A6 Gift Register). See Labour Relations Agency website for more information and importance of having a policy in place.

## British Medical Association (BMA)

The British Medical Association is a 'trade union' and professional membership organisation that looks after the interests of over 153,000 doctors, and medical students, registered and practising in the UK but not all family doctors are members of the BMA. It was formed in 1832.

It is the sole negotiating body for doctor with the NHS. The BMA's GP Joint Negotiating Committee represents all GPs whether they are members of the BMA and negotiates doctors pay, terms and conditions with NHS Employers who act on behalf of the Government. The Northern Ireland General Practitioners Committee (NIGPC) is a standing committee of the BMA and represents all general practitioners working in Northern Ireland. It considers and acts on matters affecting those engaged in general practice in Northern Ireland, including contractual matters.

The BMA offers an extensive website, some of which requires membership only access. Practice Managers with permission of a GP Partner can access BMA services on behalf of the GP Partner. This extends to employment law issues as well as contractual.

In Northern Ireland BMA have published a plan to save general practice, which details what they think needs to change to stabilise general practice. The advice is specifically for GP practices operating under the national General Medical Services (GMS) contract. Practices operating under an Alternative Provider Medical Services (APMS) contract should contact their local medical committee (LMC) for advice. The document can be viewed here: SAFE WORKING FOR GPS IN NORTHERN IRELAND

## British National Formulary – (BNF)

The British National Formulary is published by the Royal Pharmaceutical Society and is an authoritative and practical guide on the selection and clinical use of medicines that are used in the NHS. It includes indication(s), contraindications, side effects, doses, legal classification, names and prices of available proprietary and generic formulations, and any other notable points. An online version is available on their website.

## Business Plan

GP Practices should prepare a Business Plan setting out a mission statement and the aspirations of the Practice for at least the next 5 years. It should cover recruitment and succession planning issues as well as any plans to improve services, essential manpower and premises.

Practices have produced Business Plans and Annual Reports since the commencement of the GP Fundholding Initiative in 1991.

The Practice Disaster or Business Continuity Plan which should explain how a Practice will continue to operate after significant events. For a suggested template suitable for GP Practice click HERE.

## Business Rates

GP Practices are required to pay Business Rates, which are reimbursed through the GMS contracts. Practice Managers should check that any annual increases have been taken account of by the paying authority, BSO and challenge shortfalls. Rates must be paid in full and not monthly by direct debit. Failure to pay on time may result in either Court action or instalment facilities being withdrawn. For more information about reimbursement under current GP contracts click HERE.

# C

## Caldicott Guardian

Dame Fiona Caldicott, Chief Medical Officer published the Caldicott Report in 1997 which set out seven principles on 'confidentiality'.

- Be able to justify the purpose(s) of keeping data. (Appoint a Guardian)
- Patient identifiable information should not be used unless it is necessary.
- Use the minimum patient-identifiable information necessary.
- Access to patient identifiable information should be restricted to a need-to-know only basis.
- Everyone with access to patient identifiable information should be aware of their responsibilities in respect of that data.
- Users should understand and comply with the law.
- The duty to share information can be as important as the duty to protect patient confidentiality.

GP Practices should appoint a Caldicott Guardian who is responsible for ensuring that confidentially of patients records, treatment and care is maintained and set out in a policy the approach of the Practice to keeping patient encounters and records confidential. For more information click HERE.

## Capital and Current Accounts - (Partnership)

In GP Practice accounts the value in the practice business that can be attributed to each partner is set out in an individual Capital and Current Accounts. The Capital account represents the long-term investment in the Practice and would show loans, and fixed assets. The Current Account would show any balance of undrawn profits at end of the financial year. Practices need to ensure that there is sufficient working capital always left in the business to meet any necessary expenditure. For more information ask your Practice Accountant.

## Care Navigation Awareness Training

Patients who request a GP appointment may receive the care they need through other services, rather than the GP. Care Navigation Awareness Training is the tool to enable practice staff to confidently and correctly signpost patients to ensure that they receive the Right Care, from the Right Professional at the Right Time. The training provides practices with algorithms that they can tailor to make their own as a practice depending on who is available to the practice patients at the time. The clinical members of the wider practice/community team are GP, Emergency Department, optician, Dentist, Practice Nurse, Treatment Room Nurse, Community Pharmacist, Practice Pharmacist, Social Worker, District Nurse, Midwife, Health Visitor, self-care. More information and links to supporting information are available on Primary Care Intranet accessed HERE

Various external providers offer Care Navigation Awareness Courses- when researching these please ensure the course is relevant to Northern Ireland.

Practices are also encouraged to look at what patient self-referrals are accessible in their local area to help signpost patients both on the phone and via the Practice website. In addition to MIUs there may be self-referral access to Podiatry, Physiotherapy, Occupational Therapy, Continence Nurse and Social Prescribing.

## Carers - Identification of

GP Practices should have in place arrangements to identify 'carers' and to seek consent from the patients who are being cared for to act on their behalf where appropriate, when for instance requesting home visits and requesting repeat prescriptions. It is recommended that this consent is provided in writing by the Patient and retained on the Patient record. A patient's records should be 'marked' with consent with the full contact details of the carer (different clinical systems have different ways of recording this information, some use read codes and others use alerts)

Suggested ways to Identify Carers*

- At Patient Registration: Include a question about carers in the new patient questionnaire. Carers might include 'looking after' or 'helping' a friend or relative.
- Self-identification: Include notices in the practice leaflet, newsletter, website and waiting room as well as leaflets in languages other than English for ethnic minority groups.
- The annual flu vaccination campaign is a good time to encourage carers to come forward. A carer may be looking after someone not registered with your practice.
- Opportunistically: ask reception staff to check who requests repeat prescriptions, appointments and home visits for sick, frail, elderly or disabled patients and substance abusers. Young carers may have additional problems given their age and position in the family.
- List searches: patients with certain conditions, such as dementia, Parkinson's disease, MS, stroke, severe mental illness or disability may rely on carers.

See Carers NI for more signposting for carers.

## Carr Hill Formula

The Carr-Hill Formula, developed by Professor Ray Carr-Hill, (also known as the global sum allocation formula) was introduced in 2004 as the basis of core funding for GMS practices to ensure funding reflects factors that influence patient needs and costs.

The formula ensures resources are directed to practices based on an estimate of their patient workload. It considers many factors under two groups 'drivers of workload' (patient age and sex, additional needs of patients and list turnover) and 'unavoidable costs' (staff market forces factor, rurality).

Each adjustment within the formula generates a separate practice index, comparing the practice score on the adjustment to the national average. The indices are then applied to the practice list to produce a practice weighted population.

## Chaperone (Staff employed)

GP Practices should ensure that an offer of a chaperone is made to patient's seeing a doctor or nurse alone and especially in relation to intimate examinations. The offer may be made in the form of a notice displayed in the surgery but for intimate examinations it is essential that the doctor or nurse specifically offers a chaperone prior to the examination and records the patients consent to or decline. It is not appropriate for the patient's family member to act as a Chaperone. The name of any chaperone present should be recorded in the patient's notes. Any member of staff might be trained to undertake chaperone duties. However, a Chaperone should have had a satisfactory Access NI check and appropriate chaperone training.

The General Medical Council also offers ethical guidance on intimate examinations and the use of chaperones where such examinations might be embarrassing and distressing for patients.

## Child Care Vouchers

As an employer GP Practices may be asked to support staff by helping employees who are parents buy Child Care Vouchers (Childcare vouchers scheme closed to new entrants on 4 October 2018, however if an employee was in the scheme before this date and the employer continues this scheme, employees can keep getting the vouchers). In this case the employer makes a deduction from salary which are then exempt from PAYE taxation and NIC payments. The Practice then make a payment to the Voucher Scheme provider on behalf of the staff member.

**Note:** there are some changes coming regarding the above which is detailed in the NI Executive Draft Government Plan 2024-2027 which was put out to consultation for 3 months in September 2024. Within this document it suggests increasing childcare subsidies for those working parents earning at least a minimum wage for an average of 16 hours per week.

## Childhood Vaccinations

See Vaccinations

## Cleaning Services

GP Practices (except those in Trust owned buildings) either employ their own cleaners or engage contract cleaners to provide general cleaning services to GP Surgeries. Practices should be able to provide a schedule of cleaning and be able to demonstrate adherence to the cleaning programme. A general daily cleaning service may not be adequate to meet the needs of infection control. For further information see HSE.

## Clinical Communications Gateway (CCG)

The Clinical Communications Gateway is the national product in HSC for the electronic exchange of clinical information i.e., referral letters between Primary and Secondary Care. CCG is used by GP Practice for sending referrals. It also allows you to monitor the receipt of referrals once received by Secondary Care. All GPs including Locums, MDT staff and some Practice Nurses will use CCG. Admin/reception team can also use CCG to process referral on behalf of clinical staff i.e., District Nurse Referral. Each user needs to have their own separate account. Practice Managers may also conduct regular audits on CCG to ensure that there are no 'parked' referrals. A 'parked referral' are those that have not yet been sent from GP Practice but have been started, often due to IT issue or GP has intended to attach a document and left referral open until later in the day when more time available and then overlooked returning to it. Other useful audits available with CCG are Red Flag Referrals and CCG referrals by clinician. This can be useful for the clinician for personal development and appraisal. Practice Managers can request for accounts and logins for new staff including GPs by email to supportteam@hscni.net, this email is also useful to for requesting CCG guides if not already available in Practice. Practice managers can also manage password changes and unlock practice accounts in-house. For more information on CCG see Primary care Intranet - CCG

## Clinical Governance

Clinical Governance is term used for quality improvement in the delivery of services to patients. GP Practices have been required to demonstrate their continuous efforts in Clinical Governance since 2005 with a baseline assessment of practice activity across key areas of governance. Over the years the Board and now the SPPG have set annual Clinical Governance requirements for GP Practices, namely: Audit, Evidence Based Practice, Risk, Practice Systems, Education and Training, Patient Involvement, which forms the Clinical Governance Action Plan for the year. Practices would work on achieving this plan throughout the year and capturing evidence in form of audits and reports that the clinical governance plan has been implemented. Practices as part of end of contract year must confirm that they have undertaken clinical governance activity in each of the areas as listed above and evidence produced at the next Practice visit by SPPG. In addition to this Practices must confirm that they comply with relevant legislation and takes account of relevant guidance issued by SPPG and Department e.g., safety and quality alerts. The Practice should have processes in place to support this declaration.

## Clinical Waste Disposal – Sharps

GP Practices should have in place arrangements to dispose of, store and remove clinical waste from the surgery premises. The arrangements should be well documented and should extend to the removal of sharps. Community Pharmacies should also be able to provide a service for patients to dispose of sharps. The disposal of clinical sharps bins is covered by Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. There is a legal requirement to keep disposal paperwork for 3 years. For further information, read this document on the Health and Safety Executive NI website.

## Closed practice patient List

See List Freezes

## Cold Chain

Vaccines are required to be kept within a certain temperature range from the time of manufacture until the point of administration this is known as "Cold Chain.". The appropriate temperature range is normally 2C to 8C. Vaccines are sensitive biological substances that when too hot or too cold can quickly lose their efficacy. If vaccines are stored outside of the recommended range, it may result in failure of the vaccine to create the desired immune response and therefore inadequate protection against the disease. GP Practices are required to manage all vaccines in line with the Cold Chain Policy see Vaccines – Primary Care Intranet (hscni.net). Vaccines should be stored in a specialist Vaccine Refrigerator which ensures that the temperature range can be maintained and monitored. Practices should

have a policy to record temperatures and ensure that the vaccination fridges are calibrated yearly as part of the annual equipment services schedule. Some Practices use electronic monitoring devices linked to their vaccine fridge to monitor and record temperatures and if outside of range, an alert will be sent to key Practice staff. An example of this provider is Kelsius. Data loggers are also very popular for complying with and maintaining Cold Chain records for mobile vaccination clinics when Vaccination Fridges are not available. All significant Cold Chain breaches i.e. vaccines that has been outside of the recommended range or longer than 20 minutes should be reported to the HSC Trust Pharmacy Medicines Information (regional contact details) and the PHA Duty Room 0300 555 0119.

## Compass Reports

COMPASS reports are issued on a quarterly basis to every GP practice in Northern Ireland on behalf of the Strategic Planning and Performance Group (SPPG). The report contains prescribing data relating to items prescribed and dispensed during that quarter by all prescribers registered to prescribe in that practice. It compares prescribing indicators and trends with locality and regional averages and provides practices with an indication of where they may wish to implement changes to medicines prescribed.

In addition to the practice report all non-medical prescribers (NMPs) prescribing within the practice will receive their own individual report on a quarterly basis.

## Compassionate Leave

As an employer GP Practices will on occasions need to consider allowing salaried staff leave of absence in special circumstances. The Practice Staff handbook should include what the Practice terms as compassionate leave and whether it is paid or unpaid and for how many days. This then should be implemented consistently for all staff. For further information look at the LRA Website.

## Complaints Procedures

GP Practices are expected to operate a Practice Based Complaints Procedure. The procedure should be set out in the Practice Leaflet and on the practice website. Practices should also consider publishing a separate complaints leaflet.

Practices are also expected to carry out an annual review of complaints. The process involved should provide for patients to make verbal or written complaints personally or to give consent to someone else to make the complaint for them. The Practice must endeavour to acknowledge complaints within 2 working days. There are time limits to making a complaint (6 months and in some cases 12 months where the complaint has only become apparent after a period of 6 months has passed).

Practices should provide written responses and or arrange a meeting to discuss the complaint within 10 working days and when a formal response is given provide an option to appeal within 28 days. Responses should also mention the role of the NI Public Services Ombudsman and provide contact information. For further information see NIPSO website

## Computing in General Practice

### Computing in General Practice - GMS ICT

Computers in GP surgeries had their origins in 1972 when technically minded GPs developed early systems for recording health data. GPs initially purchased their own systems, although centralised funding provision has developed over the years.

With the introduction of the GMS contract in 2004 it was agreed that the contracting Authority would provide the IT systems and hardware to cover the requirements of the GMS contract. In Northern Ireland the contracting Authority is DoH SPPG, (previously HSCB and prior to that the Regional Health Boards EHSSB, NHSSB, SHSSB, WHSSB). On an operational level SPPG contract Business Services Organisation to manage and deliver these services on their behalf.

SPPG meet regularly with the BSO to agree the parameters of the service delivery based on need and financial constraints. SPPG and BSO also work collaboratively on various projects to develop GMS ICT services and their interfaces with other HSC services and systems. SPPG retain responsibility for organising and funding ICT training.

As of October 2024, there are two clinical systems providers in Northern Ireland: EMIS (193), Vision (117). However, Vision have advised that they will be leaving the market by March 2027. A migration project is underway with the intention of moving two practices a week from Vision to EMIS between January 2025 and June 2026.

## Computing in General Practice - ICT equipment

Core GMS ICT equipment that is provided to practices includes PCs, Laptops, prescription printers, label printers, scanners, auto arrivals and patient call display boards. Equipment is replaced on an agreed rolling programme based on the age profile of the device and available funding. Additional equipment can be requested by logging a call outlining the business need with the BSO ITS service desk. Requests will be assessed based on agreed guidelines approved by SPPG and available funding.

Core GMS ICT equipment does not include business equipment that may require connection the HSC network, e.g., phones, photocopiers, fax machines and medical devices. However, if practices wish to connect such devices to the HSC network, they should first log a call with the BSO ITS service desk to see if the request can be facilitated.

Practices are also responsible for consumables such as paper, toner, labels, and replacement back up tapes/cartridges.

## Computing in General Practice - Core ICT software

Core GMS ICT software that is provided to practices include the GP Clinical System itself, Document management solution and Label trace/ Flexitrace software. In agreement with SPPG BSO does not provide nor support business software such as payroll or accounts. Central funding for any software would have to be agreed regionally by SPPG and would usually be rolled out as a project across all practices rather than an individual basis. Before purchasing any software, practices should first log a call with the BSO ITS service desk to confirm if they will be allowed to install it. The GP Modernisation Migration project currently being rolled out will place tighter restrictions on what software can be installed on GMS ICT devices.

## Computing in General Practice - Email and Internet Services

BSO also provides GP practices with secure HSC email accounts and Internet access along with Interfaces to other HSC systems. BSO IT support can be contacted to request an HSC email account setup /CCG setup/ECR access via any of the below contact methods:

- Tel: 028 95362400
- Email: supporteam@hscni.net
- Vfire call Portal: HSCNI Call Portal set up as a Vfire user can be requested via email or phone as above.

*Details and quick links to above can be found on the FPS GP Secure Web Portal*

## Computing in General Practice – Practice Manager Email

There are various email groups that share vital communication regarding updates throughout HSC that impact General Practice. There are also certain departments that will send Practice specific information and updates to you via email. A new Practice Manager should ensure that they have registered their email with the following departments to ensure they do not miss any vital business information:

- SPPG
- BSO
- PHA
- REGIONAL CORRESPONDENCE

- NIMDTA
- HSCNI PENSIONS
- Their area Federation and Federation Support Unit.

It is recommended that Practice Managers use the generic email Practicemanager.Z*****@gp.hscni.net. This ensures that if a Practice Manager moves to a new role or leaves, the emails remain attached to a Practice account rather than an individual, allowing communication to the Practice to continue uninterrupted (note personalised emails move with the user)

## Confidentiality

GP Practices should have a firm policy on safeguarding the confidentiality of patient consultations, and patient's medical records. Practices should be aware of the risks of conversations being overheard and provide 'private' areas for conversation with patient to take place. Care should be taken to ensure that computer screens are not visible in public areas and are set up with screen savers when not switched off. The attendance of a patient should not be revealed to even a family member if an enquiry is made to the reception. Also see Caldicott Guardian.

All GP Practices should have a Confidentiality Policy see the GMC website has excellent guidance on confidentiality especially relating to confidentiality after death.

It is often common for a GP Practice to ask for 3 Patient Identifiers before information is shared. The most used 3 patients' identifiers are: Name, Address and Date of Birth. Here is a quick way of familiarising your staff with the need to keep patient confidentiality.

- CAUTION - think before responding to requests for information.
- WHO– ask who wants to know – you might need the patient's consent?
- WHY – why do they need to know?
- CHECK – use 3 patient identifiers and if unsure take details and call them back.
- EXPLAIN – reason for confidentiality and limits.
- NEED TO KNOW – stick to 'relevant' information only – but avoid being evasive.

## Connected Community Care (CCC) Hub

The Integrated Care Partnerships launched the Connected Community Care (CCC) service in 2016. It is a partnership with eastern area GP Federations, Belfast Health and Social Care Trust and community and voluntary providers. The service was created to support the reduction of health inequalities by empowering people to play an active part in their health and wellbeing outside of the medical setting.

The CCC team works across the Belfast area to assist GP practices by co- producing a support plan with individuals utilising a holistic needs assessment tool and connecting individuals support services within their local area. The CCC service accepts referrals from anyone aged 18 and over registered with a GP in the Belfast area, regardless of postcode at no cost to the individual.

Please refer via the Clinical Communication Gateway (CCG) system. The service can be found under GP Federations/Integrated Care Partnerships – Connected Community Care.

More information on CCC service can be found HERE.

## Consent (patient)

In General Practice consent is required in several different circumstances. In relation to treatment and care, consent would be required when undertaking a minor surgery or when administering vaccines. Consent will also be required to video a consultation, or to allow an observer to be present during a consultation. In any event the evidence of consent given should be recorded in the patient's notes. For examples of 'consent' forms look at the Resources section on the Practice Index. Also see BMA Website for Drs Toolkit to Consent and refusal by adult with decision making capacity.

## Consultant Physician or Surgeon

In the National Health Service, a consultant is a senior physician or surgeon, who is registered in the GMC's Specialist Register who hold a Certificate of Completion of Training and hold the appropriate qualifications in his or her field, having completed many years hospital service as a Hospital Registrar. Significantly a consultant is personally responsible for all patients referred to him or her for treatment and care. Here is a list of the types of consultants you may find in the NHS:

**Consultant physicians and surgeons working in the national health service**

- ANAESTHETIST – Anaesthesia & Pain / Palliative Care
- CARDIAC SURGEON – Heart & Transplant Surgery
- CARDIOLOGIST – Treatment of Heart Disease
- DERMATOLOGIST – Treatment of Skin Disorders
- ENDOCRINOLOGIST – Treats glands, diabetes, and growth disorders
- GASTROENTEROLOGIST – Treats stomach and intestinal problems
- GENERAL MEDICINE – Treating medical conditions, but
- NOT surgery.
- GENITO-URINARY MEDICIINE – Sexual Health / Sexually Transmitted Infections
- GERIATRICIANS – Treatment of Older People
- GYNAECOLOGIST – Female reproductive organs
- HAEMATOLOGISTS – Treating Blood Disorders
- IMMUNOLOGISTS – Immune System and Allergies
- NEPHROLOGIST – Treats Kidney Disease
- NEUROLOGIST – Disorders of the Nervous System
- NEUROSURGEON – Brain, Spinal and Nervous System
- OBSTETRICIANS – Pregnancy and Childbirth
- ONCOLOGISTS – Cancer Treatment
- OPHTHALMOLOGISTS – Eye Injuries and Diseases
- ORTHOPAEDIC SURGEONS – Skeleton, Muscles
- OTOLARYNGOLOGISTS – Ear, Nose and Throat
- PAEDIATRICIAN – Treats sick children
- PATHOLGISTS – Diagnose from Tissue, Body Fluids
- PLASTIC SURGEON – Reconstructive Cosmetics
- PSYCHIATRISTS – Treat Mental Illness
- PSYCHOTHERAPIST – Mental illness without drugs
- RADIOLOGIST – Radiotherapy and Radiography
- RHEUMATOLOGIST – Joints and Connective Tissue
- THORACIC SURGEON – Chest Cavity
- TRAUMA SURGEON – Treatment of Injuries
- UROLOGIST – Male and Female Urinary Tract and Male Reproductive Systems

*This list is not exhaustive.*

## Business Continuity Plan

The SPPG requires all GP Practices to have an up-to-date business continuity or disaster plan in place to demonstrate how the Practice should react in circumstances that threaten to or have prevented the practice and surgery from operating normally. The circumstances which might affect the day to day working of a surgery range from inclement weather to fire and major damage and loss of power or as in recent time high staff sickness. It might also result from the sudden loss of key members of the clinical team or practice management. The 'plan' will need to cover the arrangements for providing alternative premises, replacement telephone and computer systems and for re-establishing a service to patients to ensure continuity of treatment and care. The 'plan' will need to provide

extended information about the practices, its doctors, and employees. See Practice Care Intranet's suggested Business Continuity Plan Template

## Contracts of Employment

A Contract of Employment can take various forms, written, or verbal but there are legal requirements in force in the UK and in NI that set out the National Living Wage and minimum periods of annual leave (5.6 weeks per annum). Written particulars must be provided within 2 months of starting work (see LRA, note NI now differs from the UK in relation to this requirement). A written statement of employment should include:

- the Practice Business name
- the employee's name, job title or a job description and start date.
- how much, how often and in what format an employee will get paid.
- hours of work and whether employees will be expected to work additional hours, extended hours or overtime including weekends.
- Annual leave entitlement, and whether it includes public holidays, any other leave entitlements e.g., Maternity, Paternity, Adoption, Compassionate, Carers, Emergency etc.
- where an employee will be based and whether they might be required to work in different places, which should be stated e.g., a branch surgery.
- In addition to the above, which is known as the principal statement, must state whether:
- the post is temporary and how long it is expected to last.
- the end date of a fixed-term contract
- notice periods.
- details of membership of the HSC Pension scheme
- who to go to with a grievance.
- how to complain about how a grievance is handled and
- how to complain about a disciplinary or dismissal decision

More information about contracts of employment can be found on the NI Direct and the LRA

Employment contracts are foundational to workforce governance and compliance, which underpin the delivery of safe, high-quality services required by NICAF. Adherence to legal employment requirements ensures practices demonstrate accountability, maintain a stable workforce, and meet the governance expectations set out in NICAF.

It is important to note that different staff in the practice will have different contracts and terms and conditions dependant on their employer (for e.g., GP Trainees are employed by NIMDTA, General Practice Pharmacists are employed by GP Federations).

## Control of Substance Hazardous to Health – COSHH

GP Practices should ensure that Data Hazard Sheets are available, ideally in a manual, to cover all 'hazardous substances' that might be used in a surgery. Substances such as cleaning materials and stationery products such as 'Tippex', Bleach and hand sanitizer, to name a few, should be documented. A professional cleaning contractor will normally provide a manual of data hazard sheets to be kept on site. See HSE NI for more information re COSHH and Data Sheets.

## Controlled Drugs

Under the NICAF assurance framework Practice's must ensure the safe prescribing of Controlled Drugs. GP Practices are required under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations (NI) 2002 to take responsibility for any controlled drugs kept in their Practice. The following outlines the requirements as well as importance of ensuring that CDs are kept in a metal lockable cupboard or safe.

- Practices should maintain a CD register – either a bound book or electronic register.

- A running balance of stock kept in the practice CD register should be kept.
- A separate page should be kept for each drug.
- Normally, two members of staff (at least one clinical) should check all stock received or removed; both individuals should initial the entry in the CD registers.
- A monthly review of the Controlled Drugs Register is advised.
- GPs should keep individual registers for controlled drugs carried in their bags.
- GP Practices should have systems for checking expiry dates for drugs carried in the doctors' bags and in any controlled drugs safe on a regular basis by a designed person.
- Expired CDs should be destroyed by an authorised person in an approved manner.

For more information see Primary Care Intranet HERE and also the Pharmaceutical Services Negotiating Committee (PSNC)

SPPG Pharmacy Advisors will monitor practices prescribing of CDs. Information on practices-controlled drug prescribing is available in the quarterly practice Compass Report on pages 10, 11, 17 and 18.

Pharmacy Advisors will also carry out annual practice visits to review the Practice's compliance with CD prescribing. This may be either in person or via an online meeting.

It is the Practices responsibility to ensure that all prescribers in the practice, including any locum GP's or prescribing nurses, are aware of the practices CD Policy. All locum prescribers who work in the practice should also declare if they carry any CDs in their personal stock, and this should be added to the CD register along with the practice employed prescribers.

## Core Hours and Services (2016)

GP Practices are contracted to provide 'core' services during 'core hours. "Core hours" means the period beginning at 8am and ending at 6.30pm on any day from, and including, Monday to Friday except a public holiday and a local holiday agreed with the Board. Time outside that cohort is regard as Out of Hours unless the Practice has contract to provide an enhanced 'extended' hours service.

The Contractor must provide the services described in clauses 47 to 52 (essential services) at such times in core hours, as are appropriate to meet the reasonable needs of its patients and to have in place arrangements for its patients to access such services throughout the core hours in case of emergency.

The 'core' services of a consultation, a physical examination, treatment, and further investigation shall be provided to registered permanent or temporary patients where the patient believes that he or she is ill with a treatable illness, is terminally ill or suffers from a chronic disease. The GP Contract also provides for additional services to be provided including cervical screening services, contraceptive services, (adult) vaccines and immunisation, childhood vaccinations and immunisation, child health surveillance, maternity medical services, and minor surgery. The GP contract may be reviewed and altered annually. Further details can be found here

## Coroner Service for Northern Ireland

GPs are under a legal obligation to report promptly an unexplained or sudden death to HM Coroner (this extends to foetal demise in utero beyond 24 weeks and considered capable of being born alive), or if the deceased has not been seen by a medical practitioner within 28 days prior to death. See Coroner's Service - Key Documents - GPNI for further information as well as Guidance surrounding Death | Department of Health (health-ni.gov.uk).

The role of the coroner is to investigate and record the causes and circumstances of all sudden deaths, where the cause is not known, violent or unnatural deaths and any death which occurred whilst the deceased was in lawful custody. The coroner also has a role in dealing with identifying an unknown person found dead. The coroner, or a Police Officer representing the coroner may contact a GP Practice to make enquiries or to speak to the patient's own doctor. The coroner will issue a death certificate in these cases, sometimes after a Jury Inquiry.

If the Coroner Service requests information from a practice, it can be sent via post or delivered to the Coroner's office directly. Alternatively, the Coroner Service is open to receiving information via email, best practice is to ring them first and confirm that they are happy to receive the information digitally.

## Cremation certificates

For a cremation to be permitted there is a legal requirement for certain forms to be completed. With effect 25 March 2023 the following regulations are in place regarding cremation HSS(MD)13/2023.

As Medical Practitioners may be asked to complete either a Form B or Form C to allow a cremation, I have summarised below the requirements for Form B and the revised requirements for Form C which will come into effect from 25 March 2023.

Form B – Any medical practitioner who is required to complete Form B to enable a cremation to proceed, must have attended the deceased during their last illness and within 28 days of death. They must have seen and identified the body after death. On some occasions the Funeral Director may provide the Medical Practitioner with the option of a 'Video consultation' to enable Form B to be completed. The Medical Practitioner must also complete the following Pacemaker and Fixion Form to confirm if the deceased has a pacemaker or Fixion (radio-active implant) fitted to enable safe removal prior to cremation.

Form C - must be completed by a registered Medical Practitioner of **not less** than five years standing, who is not a relative of the deceased, or a relative, partner or assistant of the medical practitioner who has completed Form B. Those completing Form C must see and examine the body after death. This can be undertaken by video consultation where it is not possible to attend a mortuary or funeral director's premises in person.

GPs may still charge a fee for signing a cremation certificate, payable by the funeral director. There are now 2 crematorium's in Northern Ireland – Roselawn Crematorium (Belfast City Council) and Antrim & Newtownabbey Borough Council Crematorium. Both crematoriums use the same standard forms (Belfast City Council recently updated their forms to the standard unbranded form in Sept 2023). Updated forms can be accessed via the above websites.

## Criminal Records Checks / Disclosure and debarring Service.

As employers GP Practices are expected to take a responsible attitude towards employing staff who are 'safe' to employ. It is in the best interests of Practices to ensure that for staff working as clinicians there is a record of an Advanced Criminal Record check. For other staff who have direct contact with patients including patients who are vulnerable, it is advisable to have a record of a Standard Criminal Record check, unless a risk assessment demonstrates satisfactorily that such a check is not required. Access NI is the body that conducts disclosure checks in NI and does so on behalf of both registered bodies (employers who conduct >20 checks per year) and individuals. GP Practices can either choose to become a registered body, use an umbrella body or instruct new employees as part of their pre-employment checks that they apply for an up-to-date disclosure check via Access NI as an individual. For more information see Access NI.

## Cypher Code (GP)

GP Partners, Salaried GPs, GPPs and Nurses in Northern Ireland must apply for a unique Cypher number which establishes the link with the GP and a particular GP Practice. Business Services Organisation (BSO) publish monthly updates of GP cypher numbers assigned to GP practices (see GP/Practice lists for professional use on BSO website HERE). Cypher numbers are not transferable across practices. Salaried GPs, GPPs and Nurses working in multiple practices must have a separate unique Cypher number for each practice or clinical setting. Cypher numbers can be requested by contacting the Professional Support Team at the following email address ProfessionalSupportTeam@hscni.net. A Cypher number enables GPs to request blood tests and make referrals in their own name.

# D

## Data Loggers

Data Loggers are small electronic devices that record data over time using built-in or external sensors. They measure and monitor temperature. There are varying types that can be purchased with differing functionality.

## Data Protection and General Data Protection Regulations (GDPR)

The GDPR is an EU Regulation which became law in UK & NI on 25 May 2018 and should be read in conjunction with the Data Protection Act 2018. These Acts replace the Data Protection Act 1998. The Act relates to both manual and computer held records. The Regulations confirm that under normal circumstance no fees can be charged for an initial request.

GDPR relates to all personal data held by the GP Practice e.g., employee records, medical records, financial records, Pension information, third parties and networking contacts etc.

The right of access, commonly referred to as a subject access, gives individuals the right to obtain a copy of their personal data from the GP Practice, as well as other supplementary information.

The GP Practice must be registered with the Information Commissioner's Office and pay an annual fee to maintain their registration. They must also identify a named Data Controller (often a GP Partner) and a Data Processor Officer (often a GP Practice Manager) and have displayed/made accessible their policy for handling Personal Data for employees and patients (often on websites and in waiting rooms). The GP Practice

The GDPR sets out seven key principles:

- Lawfulness, fairness, and transparency
- Purpose limitation
- Data minimisation
- Accuracy
- Storage limitation
- Integrity and confidentiality (security)
- Accountability

GP Practices should have in place systems and processes to allow patients access to personal medical records and be clear about the time limits for gaining access (1 calendar month) and obtaining the patient's consents required. GP also have a responsibility to report any significant Data breaches to the ICO within 72 hours. Fines may be imposed for significant breaches. It is good practice for GP Practices to conduct Data Protection Audits from time to time to identify areas of risk. See also Access to Medical Records.

For more information see BMA Access to Health Records Guide 2018 and ICO website.

## Death Certification, and Certificates, Unexpected or 'Sudden' Deaths

A GP is under a legal obligation to notify the cause of death of any patient whom they have attended to during the patients last illness within 28 days, to the Registrar of Births and Deaths on the form prescribed, known as the death certificate stating to the best of his or her knowledge and belief the cause of death.

Where a death has occurred at home, or a residential / nursing home and was expected, a death certificate will be issued, a doctor may visit to look after the urgent needs of the family, but this is not always deemed necessary. Verification of Life Extinct (VOLE) in other words, confirmation of death, can be done by an appropriately trained Clinician (e.g., Doctor or Nurse) and this does not necessarily fall to the GP. If VOLE has been completed by a Clinician other than the GP a phone call to confirm VOLE from the Clinician attending the deceased should be made to confirm death with the GP and enable completion of the death certificate.

In the case of an unexpected or sudden death or the patient has not been attended by a medical professional in the last 28 days, the attending doctor should inform the Coroners Service of NI. For further information, check the GMC and BMA websites.

Reporting these to BSO it is also a requirement. When practices are processing a patient closure due to death the surgery should email Registration.Queries@hscni.net. You should include a copy of the legal document to confirm death, if this is not available at the time of request, advise BSO this information will be provided in due course.

## Defibrillator

A Defibrillator delivers a therapeutic dose of electrical current to the heart. It is a common treatment for life-threatening cardiac dysrhythmias and ventricular fibrillation. GP Practices are recommended to have a defibrillator available for emergency use in the surgery and that appropriate training has taken place on how to use the equipment. It is a requirement that all GP Practices have a devise and also that there is a system in place for checking that the battery and pads are in date. GP Practices are also required to ensure that all practice staff have regular Cardiopulmonary resuscitation (CPR) Training. Clinicians every 18 months and Administration staff every 3 years. There are now numerous public defibrillators supported by charitable organisations located at railway and bus stations and other places which requires a key code from the Ambulance Service by dialling '999' to use. GP Practices can also choose to register their devices with the NI Ambulance service. Often GP Practices if they have a spare on site choose to do this.

## Digital Health and Care Northern Ireland

Digital Health and Care NI (DHCNI) is the data and technology lead to the health and social care system in Northern Ireland. Their mission is to harness the power of digital to improve health and care for NI patient population, while improving working practices for HSC staff.

For more information visit their website

## Directed Enhanced Services

See Enhanced Services chapter.

## Disciplinary Procedure

As an Employer a GP Practice should have an employee Disciplinary Procedure which ensures the use of fair procedures where a member of staff have breached a disciplinary code. It is important to set out adequately the 'situations' or 'circumstances' that might result in disciplinary action being taken. LRA provides extensive guidance on the content of disciplinary procedures and recommends a three-step approach which involves an informal approach, an investigation, and a hearing. GP Practices should have a clear process which involves an independent right of appeal within the Practice. In other words, the doctors or managers that investigate and make an initial ruling on a case should not be the same 'panel' that deals with any appeal, see LRA. BMA provide specialist HR and employment law advice for GP Practices, GP Partners, and Practice Managers.

## Display Screen Equipment (DSEs)

As an employer, you must protect your workers from the health risks of working with display screen equipment such as PCs, laptops, tablets and smartphones. The regulations apply to workers who use Display Screen Equipment (DSE) daily (for an hour or more at a time). Health & Safety Executive NI (HSENI) describe these workers as DSE users. The regulations don't apply to workers who use DSE infrequently or only use it for a short time.

Employers must provide regular DSE users with:

- with initial eye and eyesight tests on request.
- at regular intervals thereafter and with the consent of the users concerned, with subsequent eye and eyesight tests.
- with additional eye and eyesight tests on request, where the users concerned are experiencing visual difficulties which might reasonably be caused by work on display screen equipment; and
- with appropriate special corrective appliances, where normal corrective appliances cannot be used and any eye and eyesight tests carried out on the users concerned in accordance with regulation 5 show such provision to be necessary.

Note: Employers only need to provide glasses for the DSE work. If users' normal glasses are suitable for DSE work, Employers don't need to pay for them.

See links for more details see DSE Regulations and Publication

## Disease Prevalence

Prevalence is a measure of the frequency of a disease or health condition in a population at a particular point in time (and is different to incidence, which is a measure of the number of newly diagnosed cases within a particular time period). With the introduction of the GMS contract in April 2004, the quality framework of indicators (QOF) was developed for general practice. An integral part of QOF was the collection of prevalence data to allow practices to case find those patients that require specific management. Prevalence data within QOF was collected in the form of practice "registers". A QOF register may count patients with one specific disease or condition, or it may include multiple conditions. There may also be other criteria for inclusion on a QOF register, such as age or date of diagnosis.

As QOF has now been replaced with NICAF, the Clinical Care Domain now outlines the importance of maintaining accurate coding for disease prevalence. Unlike QOF, which historically adjusted funding based on disease prevalence rates within a practice, NICAFs directive is achieving assurances across clinical and other domains without a clear link to prevalence-based financial adjustments. However, practices are still required to accurately record disease prevalence as part of their clinical care responsibilities, which may impact how resources are planned and distributed regionally.

For more information click HERE. Prevalence trends can be viewed HERE.

## Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

Cardiopulmonary resuscitation (CPR) is a treatment to try to re-start the heart when people suffer a sudden cardiac arrest from a heart issue. CPR involves chest compressions, delivery of high-voltage electric shocks across the chest, attempts to ventilate the lungs and injection of drugs. Patients may choose to request for their doctor to complete a DNACPR for them. The Doctor will discuss the implication of doing so whilst ensuring that patient has the capacity to make this decision, patient's relatives have been communicated if appropriate with and members of the multidisciplinary team have contributed to the decision if appropriate. The Doctor should make reasonable efforts to discuss a patients DNACPR with healthcare professionals that are known to the patient (see GMC website). For more guidance see Resuscitation Council UK. Copy of current DNACPR form click HERE

## Doctors and Dentists Pay Review Body (DDRB)

The Doctors and Dentists Pay Review Body is the body set up to make recommendations of the pay of doctors and dentists working in the National Health Service. It makes an annual report which includes submissions from the BMA and RCN. The Government has normally accepted the recommendations of the Review Body, but this is not always the case.

## Drawings (Partners)

GP Partners are self-employed and as such draw profit from their Practices known as drawings. Practices adopt different ways of determining what drawings represent as some doctors take their own responsibility for making tax payments to Inland Revenue. Doctors may also choose to make their own personal expenses payments or ask the Practice to make those payments for them. These payments might include membership and retention fees for the General Medical Council, the British Medical Association and a defence organisation (Indemnity). Some doctors may elect to submit to the Practice all motor car expenses for reimbursement. Drawings are normally paid monthly and adjusted quarterly or annually. The Partnership Agreement should normally outline how the Drawings will be calculated and administrated. It is best practice for Practices to have a Partnership Agreement where there is more than 1 GP Partner.

The NICAF requires practices to have a Partnership Agreement in place by April 30th,2025, to ensure operational stability and continuity, particularly in instances where a GP partner departs the partnership. Practices must provide assurance of having an up-to-date and signed agreement. This requirement is part of the broader Sustainability Domain.

## Drug Tariff – Health and Personal Social Service for NI

The Health and Personal Social Services for NI Drug Tariff, which is available electronically online, outlines what will be paid to pharmacy contractors in NI for remuneration against an NHS Prescription. GP Practices are given annual prescribing budgets set by the SPPG. See also Red Amber List.

# E

## eLearning for Healthcare

eLearning for Healthcare is a Health Education England Programme in partnership with the NHS and professional bodies. GP Practices have been able to access this online training resources without cost for the past number of years with SPPG directing practices to mandatory Influenza Training as well as Sexual Health Training as part of enhanced services undertakings. Practices can register at e-lfh.

## Elective Care

Elective Care, referred to as General Practice Elective Care Services (GPECS) in Northern Ireland, addresses the growing demand for outpatient services, which currently exceeds capacity by approximately 60,000 assessments and 35,000 treatments annually. Historically, additional funding helped reduce waiting times temporarily but failed to offer a sustainable solution. To address this, GP Federations were commissioned through SPPG to develop five pathways designed to manage patients more effectively within primary care, reducing reliance on secondary care.

These pathways are:

- Dermatology
- MSK
- Gynaecology
- Vasectomy
- Primary Care Surgical Services

Each Federation established a Hub Practice with GPs holding enhanced skills (GPES) to deliver these services. This model improves patient experience by enabling timely assessments and follow-ups within primary care settings and boosts the skill base across Federations to ensure high-quality referrals to secondary care when necessary.

Additionally, the education and demand management aspect of GPECS focuses on improving primary care capabilities through training events, peer support, and skill-building in techniques like LARC and joint injections. This approach not only enhances care but also contributes to long-term demand management at a population level.

Further details, including referral guidance, are available HERE

## Electrocardiogram – ECG

Some GP Practices have an ECG machine, which can be used to undertake useful tests to detect heart problems. Trained staff (Nurses or Health Care Assistants) conduct the test upon instruction by the GP. A GP must read the result.

## Electronic Prescription Service (EPS)

The Electronic Prescription Service is generally available in England where GPs and Nurse Prescribers can issue prescriptions and transmit the prescription to the patient's choice of pharmacy. This service is not yet available in NI.

## EMIS Health

EMIS Health is a medical technology and software company, based in Leeds and is one of the main providers of GP Clinical Software systems to primary care in NI.

## Encompass

encompass is a Health and Social Care programme that will create a single digital care record for every citizen in Northern Ireland who receives health and social care. encompass was implemented in the South Eastern Health & Social Care Trust (SEHSCT) in November 2023 and Belfast Health and Social Care Trust (BHSCT) in June 2024. encompass will be rolled out across all Health and Social Care Trusts in Northern Ireland by the end of 2025 to create better experiences for patients, service users and staff. Members of the public interacting with SEHSCT and BHSCT services can access information on their patient record via My Care App.

encompass works closely with EPIC and EPIC Care Link.

To view encompass Glossary of Terms click HERE and quick guide document click HERE

## Enhanced Services

Enhanced services are additional services that a GP practice agrees to provide beyond the scope of GMS. Each practice contracts individually to deliver these services, which have their own specifications and annual data return requirements.

There are three categories of enhanced services:

- Directed Enhanced Services (DES): Services that SPPG must commission.
- Northern Ireland Local Enhanced Services (NILES): Services offered to all GP practices across Northern Ireland, aligned with DoH clinical priorities.
- Local Enhanced Services (LES): Optional services commissioned by SPPG to address specific local needs.

Under the Northern Ireland Contract Assurance Framework (NICAF), enhanced services must now meet updated assurance requirements. Practices must provide evidence of service delivery and submit data as per NICAF guidelines to ensure alignment with both regional and local health priorities. Monitoring and reporting processes have been strengthened to ensure accountability and the effective use of resources. Enhanced services remain an integral part of supporting high-quality, patient-centred care across Northern Ireland.

## Enhanced Services - Directed Enhanced Services

SPPG must commission or provide Directed Enhanced Services to the population of NI and during 2024/25 the SPPG commissioned:

- Childhood Immunisations
- Influenza Immunisations
- Management of Violent Patients
- Minor Surgery (Enhanced)
- Pneumococcal Immunisations
- Shingles Immunisations (NB shingles is itemised as a DES by SPPG Finance)

The link to the current DES specifications can be found Here

## Enhanced Services - Local Enhanced Services

Local Commissioning Groups (LCGs) currently commission a range of local services which are detailed below. There are several influencing factors in the development of LES' which include:

- Strong evidence bases to support provision of a service not currently available (an example is Practice-Based Cognitive Behavioural Therapy)
- Services introduced because of LCG / ICP plans and priorities.
- Strategic priorities which can be local or national
- Service to assist with DoH Priorities for Action (PFA) targets.

Development of services involves a process of consultation with relevant organisations such as the Local Medical Committee (LMC), LCG and Community/Voluntary organisations. An option appraisal is developed, and each service is equality screened. Enhanced services are funded from the GMS Contract funding envelope and as such must be prioritised against other pressures such as premises developments.

At present the LES's are funded from non-recurrent monies and the services commissioned are considered on an annual basis in line with the funding available.

The link to the current LES specifications can be found Here

## Enhanced Services - Northern Ireland Local Enhanced Services (NILES)

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. Northern Ireland Local Enhanced Service specifications outline the more specialised service to be provided and are designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

The link to the current NI LES specifications can be found Here

Regarding funding and payment of the above-mentioned Enhanced services, these are funded in a number of ways, whether it is by practice list size, or dependant of historical allocation.

Each individual service specification includes a section to highlight and explain how that service is funded.

In the same regard whilst most services can be claimed directly via the GMS Claims portal, some are claimed via a claim form submitted directly to the relevant SPPG Practice support manager. Again, this is outlined in the relevant section of each service specification.

## EPIC

Epic are a software development company (established in 1979) specialising in electronic health care records for patients worldwide. Northern Ireland plans to become the first UK region to use a single integrated medical and social care record. Epic's software will be used for hospital care, allied health, home care, elder care, childcare, and other social services across NI. Encompass, is the platform which will introduce this new system and will replace a patchwork of legacy systems and paper.

## EPIC Care Link

EpicCare Link is a web-based portal that provides read-only access to encompass. As encompass is rolled out across Northern Ireland it will require referring clinicians and external staff to make use of EpicCare Link to view patient records. EpicCare Link grants access to clinical information documented in encompass and some limited functionality such as requesting imaging tests.

EpicCare Links allows GPs (and other health professionals) to access information about their patients. Health Professionals will be able to check admissions, referrals, discharges, Emergency Department attendances, outpatients and some test results.

EpicCare Link is not available to the public.

EpicCare Link will (primarily) only show information documented in encompass. NIECR should be referenced for information from any trust not yet live on encompass. Health professionals with an active NIECR account, will be automatically provisioned access to EpicCare Link starting in November when SEHSCT goes live. Requests for new user accounts will be made via Site Administrators.

The log-in page can be found here: EpicCare Link Login (hscni.net)

For EpicCare Link support, please email – epiccarelinkhelpdesk@hscni.net

## Equality Commission NI

The Equality Commission for NI was established by the Northern Ireland Act 1998 to uphold NI's Equality laws covering discrimination in employment and the workplace as well as the provision of goods, facilities, and services. NI employment legislation is separate from UK legislation. New legislation that is introduced to the UK, does not automatically come into force in NI, it must be introduced by the NI Executive. The key equality laws in NI are:

- Northern Ireland Act 1998
- Equal Pay Act (NI) 1970
- Sex Discrimination (NI) Order 1976
- Disability Discrimination Act 1995
- Race Relations (NI) Order 1997
- Fair Employment and Treatment (NI) Order 1998
- Special Educational Needs & Disability (NI) Order 2005
- Employment Equality (Sexual Orientation) Regulations (NI) 2003

- Equality Act (Sexual Orientation) Regulations (NI) 2006
- Employment Equality (Age) Regulations (NI) 2006
- The Work and Families (NI) Act 2015

Since 1992 the requirement to register with the Equality Commission and to submit an annual Fair Employment Return has covered employers with more than full-time employees. "Full Time" includes those employees who normally work 16 hours or more each week. Employers' failure to comply with this legal requirement is a criminal offence and can carry a penalty of up to £5,000 as well as sanctions such as exclusion from public contracts.

"Goods facilities and services" include access to and use of any place which members of the public or section of the public are permitted to enter.

It is essential that GP Practices are aware of their responsibilities as employers as well as providers of a public service and that they continually take measures to ensure that Practice employment processes and policies as well as their service access are legislatively compliant. For more information see HERE.



## Failure to Attend Appointments (DNA's)

GP Practices keep records of the level of failure to attend appointments and often have systems in place to monitor whether named patients continually fail to attend appointments. Where patients have failed to attend three or more appointments at the surgery or at a hospital the GP Practice might warn the patient that further DNAs may result in the patient's removal from its practice list (note SPPG have set guidelines that must be followed before a practice can remove a patient). Practices often post totals of DNA's on waiting room notice boards. Regarding removal of a patient, the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004, Schedule 5, Part 2, Paragraphs 19-28 outlines the process involved. Full details can be found here

## Falsified Medicines Directive

Falsified Medicines Directive (FMD) came into force on 9 February 2019 in which Medicines manufactured after this date must have the following safety features, an anti-tamper seal on the package, a 2D data matrix code. GP Practices were required to decommission all medicines that they receive in Practice for the purpose of administration e.g., vaccinations, contraceptive implants, contraceptive coils, steroid injections, and emergency stock supply. The aim of decommissioning medicines is to ensure that falsified or counterfeit medicines do not enter the supply chain.

With the EU-UK withdrawal (Brexit) on 31 January 2020 and the subsequent 1 January 2021 Ireland/NI Protocol, NI has continued to be aligned to EU legislation and regulations in respect of medicines and medical devices. Therefore, FMD legislation is still applicable to NI. For more information see Department of Health website HERE.

To comply Practices are required to have in place an FMD scanner (from an approved company see FMD Scanning Solutions BSO Approved – Primary Care Intranet (hscni.net)) and a policy. Note that **not** all BSO approved solutions are currently still in use, therefore if exploring purchase, it is recommended that you seek advice from your Practice Support Manager in the first instance. For updated information on FMD see "Falsified Medicines Directive" – Primary Care Intranet (hscni.net)

## Family Practitioner Services (FPS)

Family Practitioner Services (FPS) provide a range of essential business services to HSC organisations, Primary care contractors & patients and plays a critical role in the payment of over £800m annually to health professionals in the dental, pharmacy, GP and ophthalmic sectors.

FPS maintains the central register of patients registered with General Medical Practices in Northern Ireland, which includes the issuing and processing changes to medical cards such as name, address, and doctor.

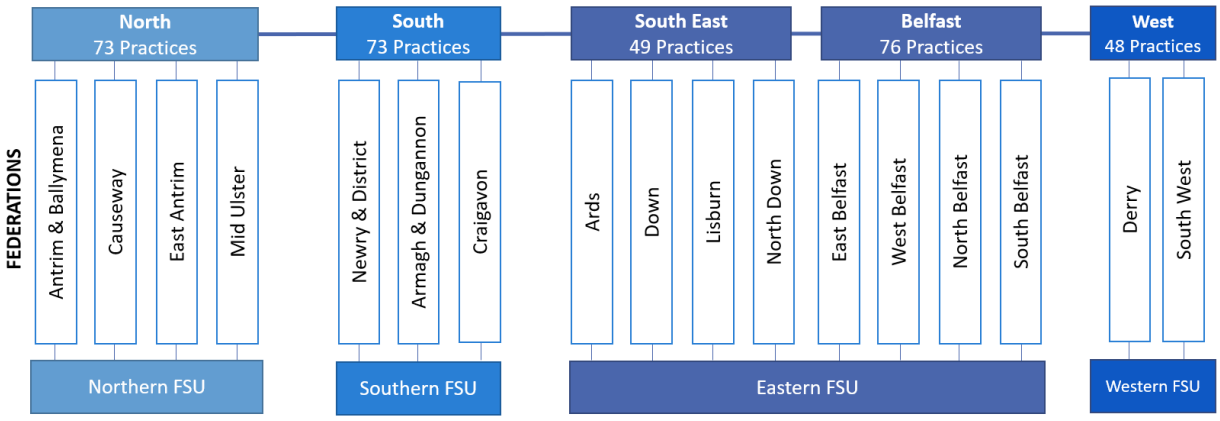
FPS calculates payments made to General Medical and Dental Practitioners, Chemists and Community Optometrists throughout Northern Ireland, provides professional advice, support and information to customers and members of the public and maintain the Pharmaceutical, Dental and the Northern Ireland Primary Medical Performers lists. FPS also provides the call and recall services for cervical and bowel cancer screening in Northern Ireland.

For more information visit FPS website HERE.

## Federations of General Practitioners

Following on from the Bengoa Report published in 2016, which recommended that Health and Social Care should formally invest, employer and build capacity in networks of existing health and social care providers, GP Federations were established. A GP Federation is a group of GP Practices, established to address capacity workload issues within general practice. They enable practices to retain key aspects of their individuality whilst benefitting from being part of largescale organisation, in receipt of NHS funding.

There are 17 Federations in NI with all practices included. Each of the 17 Federations will cover about 100,000 patients with, on average, 18 practices. The Federations and FSUs are all Community Interest Companies in the Not-for-Profit Sector and are all independent companies.




NI is the only part of the UK which has a unified model of Federations governed by a unified Members Agreement covering its entire population. Within the Federation organisational model, the GP practice is sovereign with the number of *'Member Directors'* being one per practice.

## Federation Support Units

The Federations are supported by the Federation Support Unit (FSU). The FSUs have been designed to provide Federation members with affordable management and administrative support.

For more information visit your relevant FSUs or Federation website/page:

**Eastern FSU**
North Belfast South Belfast* East Belfast* West Belfast*
Down* North Down* Ards* Lisburn

**Website development ongoing so not live at time of publication but should be before March 2025.*

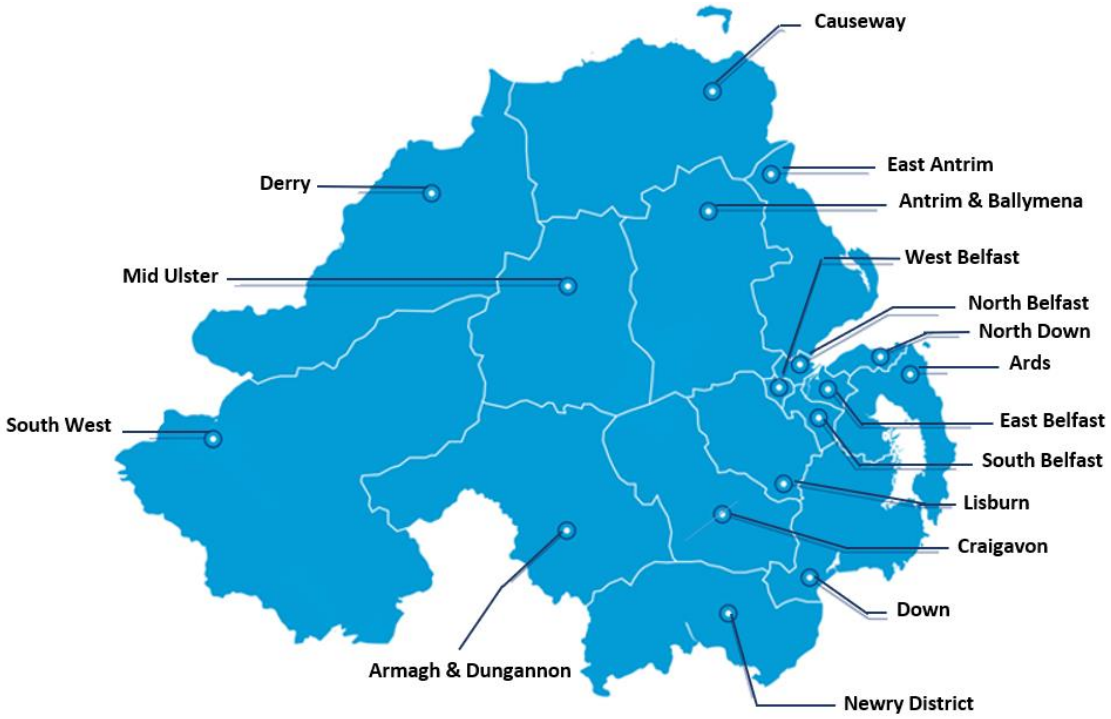
**Southern FSU**
Armagh-Dungannon Craigavon Newry & District

**Northern FSU**
Antrim-Ballymena Causeway East Antrim Mid Ulster

**Western FSU**
Derry South West

The Federation Support Units (FSUs) play a crucial role in ensuring that federations operate efficiently, delivering high-quality services with an emphasis on cost-effectiveness and value for money. They are designed to provide federations with essential non-clinical support services, enabling members to focus on patient care and operational priorities.

Key functions of FSUs include contract management, business intelligence, financial oversight, human resources, information governance, and clinical procurement. They also handle communications, staff engagement, risk management, and policy development. FSUs facilitate centralised services such as invoice processing, salaries, purchasing, and inter-federation transfers. Additionally, they support educational planning, external relationships, and the implementation of governance and quality frameworks, ensuring federations meet their strategic and operational objectives effectively.




*This map below shows Federation and FSUs boundaries across NI.*

## Fire Precautions

As an employer a General Practice is legally responsible for fire safety in surgery premises. The Practice should appoint a responsible person who would carry out a fire risk assessment and review it regularly. Fire safety measures should be put in place and there should be an emergency plan. There should also be fire safety instruction

for staff, which might include how to raise alarm, exit building and which type of fire extinguisher to use. Staff should be familiar with exit routes and emergency procedures and employers should undertake fire drills. Often Practices contract a specialist to support the Practice in Health and Safety and Fire Risk Assessments.

See the Northern Ireland Fire and Rescue Service website for more information and guidance.

## First Aid facilities

Under the Health and Safety (First Aid) Regulations (NI) 1982, GP Practices as employers are required to provide adequate and appropriate equipment, facilities, and personnel to ensure the practice staff receive immediate attention if they are injured or taken ill at work. It is not sufficient to take the view that the doctors and practice nurses are able to deal with first aid matters. Practices should therefore ensure that a trained first aider is always available, that a first aid box is adequately stocked and that a room is available for first aid. The Accident Book should also be clearly located and available for keeping records. All work-related injuries and accidents with greater than 3 days absences must be reported to HSENI (known as reporting of Injuries, disease, and dangerous occurrences Regulations – RIDDOR). For forms click HERE

## Freedom of Information

The Freedom of Information Act 2000 create a public right of access to information held by a public authority. ICO advises that GP Practices in NI (operating under Primary Medical Services (NI) Act 2004 click here) are treated as public authorities for the purpose of FOI requests and therefore have a responsibility under FOI in respect of information relating to the provision of GP Practice services. For further information, you can find advice on the BMA website and NI Direct Website. Public authorities have 20 days to respond to a FOI request in the format that the requestor has asked for (e.g., electronic copies, large print, audio, braille). You can charge a small fee for photocopies or postage and more time can be requested if needed. It is important to note that not all requests to GP Practices under FOI are appropriate to respond to. Practices should conduct a test to confirm information requested is appropriate to release see ICO refusing a request guide e.g. GP drawings, Practice Manager salary, how Apollo/Docman workflow is managed would sit outside of Practice obligation to provide. GMS Contract information as defined by NICAF. would normally fall under remit of FOI, again care should be taken, and test of applicability should be conducted before release.

## FSU GP Practice Management CIC

The Federation Support Unit (FSU) GP Practice Management CIC is a Community Interest Company (CIC) established to manage GP practice contracts handed back to the Strategic Planning and Performance Group (SPPG). It provides an alternative solution to ensure the continued delivery of General Medical Services (GMS) in situations where no new GP contractor is available. This initiative aims to safeguard patient care, protect surrounding practices, and maintain a GP-led service model.

Key features include:

- The CIC is owned by three of the four Federation Support Units (Eastern, Southern, Northern) and governed by a Board of Directors, comprising GP representatives from each Trust area, a Non-Executive Director (finance background), and non-voting representatives from LMCs and the RCGP.
- Individual CICs are created for each practice, ensuring tailored management while mitigating financial and operational risks across the region.
- The CIC supports the sustainability of practices, providing stability until they can transition back to traditional GP partnerships.

- Contracts are managed on an Alternative Provider Medical Services (APMS) basis, which is modelled on the GMS framework, with the overarching CIC reinvesting any financial surplus into service delivery or supporting FSUs.



## General Medical Council

The General Medical Council is the formal and legal registration body for doctors who wish to practise in the UK. It aims to set standards for doctors, oversee doctor's education and training, manage the UK medical register, investigate and acting on concerns about doctors and help to raise standard through revalidation. All Doctors must be registered with the GMC and this forms part of one of the key governance checks that a Practice should do prior to engaging a GP. For more information, look at the GMC website.

## General Medical Services

GMS Practices are independent contractors responsible for the delivery of Essential and Additional Services to their registered population. All practices in NI also participate in the Northern Ireland Contract Assurance Framework, which aims to promote the use of evidence-based practice and a systematic approach to long term care. Practices are also commissioned to provide several Enhanced Services which are managed in accordance with detailed service specifications.

## General Medical Statement (GMS) Monthly Remittance*

The monthly GMS Statement (remittance) (see example in Appendix 5) is generated by BSO GMS Claims department and hosted online for practices to access and review a breakdown of payments made across several areas and services.

Practices can expand these areas to analyse a detailed description of current and previous years amounts due as well as any relevant calculations.

A standardised example is attached which highlights:

- List size
- Global Sum (Annual & Monthly)
- Opt-outs.
- Correction Factor
- NICAF
- Board Administered Funds
- Directed Enhanced Services (DESs)
- NI Local Enhanced Services (NI LESs)
- Local Enhanced Services (LESs)
- Other (*This may include Enhanced Services that are funded via the Federation, Superannuation payments etc.)*

The link to access the portal is FPS GP Secure Web Portal

**Correct at time of publication*

## General Practice Data Activity

The GMS Contract 2023/24 focused on the standardisation of GMS activity and introduced a standard process for capturing the way GP practices record their appointment and non-appointment activity. In 2024/25 as a requirement of NICAF, General Practices are continuing to standardise how GMS Activity data is captured in GPIP and should be recording GMS activity/encounter type in line with General Practice Activity Guidance Documents. This is an important step in quantifying more accurately the volume and diversity of activity undertaken in GMS practices. The aim is to assess, understand and improve the availability and consistency of activity data from in-hours General Practice. This aims to capture and publish the activity data across General Practice in Northern Ireland. The activity data collected is based on the numbers of "encounters" as recorded in Practice Clinical Systems, by the corresponding "healthcare professional role". Both are available as a by-product of documenting routine clinical care. However, recording behaviour varies across and within practices. Part of the challenge is that clinical systems can generate encounters as part of their routine processing although often not consistently across the systems and practices, for example test results. Further work is needed to understand the data. Note that this data does not reflect all activity carried out in a practice, only those recorded as encounters, and nor does it take account of how long the encounter lasts or the complexity.
There are 5 encounter types:

- GP surgery – face to face consultation
- Telephone consultation – telephone call to or from a patient or with a family member/carer
- Home Visit Note – Home visit consultation, nursing/residential home visit
- Administration Note – where patient/carer is not spoken or seen but an entry is made in their record (e.g. OOH, SAR, Med3 in absence of consultation), SMS, immunisation recording, document management, outpatient letter, discharge summary, mail from and to patient)
- Third Party Note – consultation about a patient but where the patient/carer is not present e.g. in house meeting about clinical care with other Healthcare professional e.g. palliative care meetings
- Consultation via video consultation – e.g. zoom

For more information General Practice Activity Data Guidance Documents – Primary Care Intranet (hscni.net)

The GMS Activity Data is captured and coded in GPIP, and baselining of activity based on GPIP data is extracted/uploaded (monthly) to the GMS activity dashboard that provides detailed information on activity across GMS services on a regional basis.

SPPG continue to quality assure the activity data. Practices are also required to collate and submit weekly face to face and telephone consultation data via Monkey Survey Forms until they are informed by SPPG that this is no longer required. Practices will require a unique PIN number to submit their weekly survey figures via Monkey Survey Forms. For more information and guidance contact your Practice Support Manager. Click HERE to access the MS Form,

## General Practice Intelligence Platform (GPIP)

GPIP was launched within general practice in October 2018. It is an analytics service based on a standalone data warehouse for data extracted from GP clinical systems, recognising the role of GPs as data controllers, and facilitating approved secondary use of primary care data. The platform facilitates an analytics service for GPs, GP Federations, and MDTs in primary care and the wider SPPG. The objectives of GPIP are to:

- Provide a data warehouse of primary health care records to deliver high quality and consistent information for users.
- Ensure GPIP is fully compliant with GDPR, addressing requirements as they arise from GDPR regulations paying regard to 'privacy by design' in the GPIP technical infrastructure.
- Provide reporting and analytics tools to meet the needs of GPs, GP Federations, and MDTs in primary care and the wider SPPG, for operational and management purposes, as documented in the GPIP End User Reporting Requirements

- GPIP has been utilised in 2024/25 as the mechanism for GP Practices to sign off their required elements of the Northern Ireland Contract Assurance Framework
- For more info see GP Intelligence Platform – Primary Care Intranet (hscni.net)

## General Practice Northern Ireland (GPNI) Website

GPNI has brought together a large multi-disciplinary working group to generate and collate the most up to date and relevant information for Northern Ireland Primary Care (website can be found HERE). You will find important updates along with primary care specific guidance. There are also a range of educational webinar videos, including some specific to Practice managers, which you can access at any time. It hosts weekly live webinars, currently on Thursdays 1-2pm. If you sign up to the mailing list, you will hear about this each week and receive a link to register. GPNI website also offers an overview of how GP primary care teams work in NI and provides signposting to a range of existing websites and information from organisations including NIMDTA, HSCB, FSU, RCGP, and BMA.

GPNI also has a dedicated careers website which was developed to act as a central resource for all those in the GP workforce in NI, as well as those considering working or training as a GP here. In response to the workforce crisis, and the frequent requests from practices for assistance with sharing job vacancies in Northern Ireland, the website also hosts a Jobs Board which practices can add their current vacancies too.

## General Practice Nurses (GPNs)

General Practice Nurses are key to patient care within GP Practices. Following the 2016 General Practice Nursing "Now and in the Future" A Framework for NI , GP Federations were identified as the mechanism to manage and revitalise a sustainable model of General Practice Nursing in NI. As part of this Framework, Federations commenced nursing initiatives and pilots. In 2019 Federations were successful in gaining funding for the support of the recruitment and training of registered nurses in a bespoke Practice Nurse Course run jointly by University of Ulster (UU) and HSC Clinical Education Centre (CEC). As a result of this initiative these GPNs are now employed by the respective Federations and allocated to a GP Practice in the same way that a GPP is allocated and managed. The role of the GPNs vary according to areas of GPN competence and may include:

- Diabetic Clinics
- COPD Clinics
- Asthma Clinics
- Tissue Viability Clinics
- 24 Hour Blood Pressures
- 24 Hour Cardiac Monitors
- Venepuncture
- Cervical Smears
- Sexual Health Screening
- Administration of Vaccinations

## General Practice Pharmacist (GPPs)

In 2016 the Department of Health funded pharmacy support for GP Practices in NI. It is proven that Practice Based Pharmacists (PBPs) or now known as General Practice Pharmacists (GPPs) allow GPs more time to spend with patients thus improving patient outcomes. GPPs work within General Practice as an integral part of the primary care team. Every GP Practice in NI can avail of the services of a GPP through membership of a GP Federation. GPPs have a well-defined role, however each GPPs specific duties and remit will vary from Practice to Practice according to priorities. GPPs overall will be involved in:

- Clinical Medical Review
- Medicines reconciliation of hospital letters/discharge information

- Medicine related queries from patients and healthcare professionals
- Prescription requests, queries, and re-authorisations
- Patient facing clinics e.g., long term conditions.
- Managing and monitoring high risk drugs
- Prescribing system review and improvement
- Clinical Audits

Read more on the Key Benefits of General Practice Pharmacists HERE

Department of Health has now developed "GPP NI 2030 – A strategy for General Practice in Northern Ireland" which outlines ambitious plans for the future development of the general practice pharmacy sector and implements a recommendation in the Pharmacy Workforce Review 2020. This plan sets out how pharmacists will contribute fully to optimising the health outcomes of our population as the clinical leads for medicines within the general practice team. It also sets out an ambition to develop and expand the workforce through the introduction of new advanced pharmacist practitioner roles, which will allow GPPs to enhance their clinical skills and expertise with greater benefit to patient care.

In 2024 the Pharmacy Initial Education and Training Standards underwent reform and there is now a new requirement for enhanced experiential learning for pharmacy students in general practice; with practices being asked to host weeklong placements for Year 3 and Year 4 students in 2024/25. This initiative aims to attract future General Practice Pharmacists (GPPs) by exposing students to the unique aspects of primary care pharmacy, a sector often overlooked during undergraduate training. Federations will play a pivotal role in supporting these placements, which align with the GPP strategy to develop a career pathway for pharmacists, fostering a more dynamic and sustainable pharmacy workforce within general practice. While concerns about workload impact have previously limited participation, the revised scheme introduces Federation Education Leads (FEL) to alleviate pressure by facilitating offsite learning during placement weeks. Practices will receive payments of £595 per student per week, shared between the hosting practice and the supervising GPP.

The Federation Education Lead role is a key development funded by the Chief Pharmaceutical Officer to support this scheme. FELs, recruited from current GPP staff, will manage offsite learning and provide practice support during placements. Each FEL will contribute 8 preparatory sessions and 4 sessions per week during the 12 placement weeks from September 2024 to March 2025. This model minimises disruption for practices, allowing the regular workload to continue with fewer interruptions.

## Gillick Competence and Fraser Guidelines

After conflicting Court decisions in made over several years (1982-85), Victoria Gillick's contention that a doctor should not prescribe the contraceptive pill to a girl aged under 16, Mr. Justice Woolf ruled that:

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent." See (Gillick v West Norfolk, 1986)

Lord Fraser stated that a doctor could proceed to give advice and treatment:

- provided he is satisfied in the following criteria:
- that the girl (although under the age of 16 years of age) will understand his advice.
- that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice.
- that she is very likely to continue having sexual intercourse with or without contraceptive treatment.
- that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer.
- that her best interests require him to give her contraceptive advice, treatment or both without the parental consent." (Gillick v West Norfolk, 1986)

From this case 2 principles were established:

- "Gillick Competence" whereby a doctor must assess if child underage of 16 seeking treatment without parental consent has capacity to make their own decisions.
- "Fraser Guidelines" specifically relate only to contraception and sexual health.
- There is no lower age limit for either Gillick competence or Fraser guidelines or to be applied. However, it is rarely appropriate or safe for a child less than 13 to consent for treatment without a parent's involvement.

For more information click HERE

## GP Appraisal

See Northern Ireland Medical & Dental Training Agency

## GP Contract Directions

There are several detailed legislative directions that apply to the GP Contract in relation to the core areas. They are:

- The Primary Medical Services (Clinical Priorities) Directions (NI) 2018
- The Primary Medical Services (Directed Enhanced Services) Directions (NI) 2018
- The Health and Personal Social Services (General Medical Services – Premise Costs) Direction (NI) 2015
- The Supply of Services (GMS Contractors) Directions (NI) 2014

For specific details and access click HERE.

## GP Federations

See Federations of General Practitioners

## GP Induction and Refresher Scheme

See Northern Ireland Medical & Dental Training Agency

## GP Performers List

The national GP Performers List, formerly known as the Medical List, is effectively a register of all doctors who have been approved to work or have training placements as family doctors. In NI we have the Northern Ireland Primary Medical Performers List (PMPL) the list is owned by SPPG and managed by the Professional Support Team (PST) within BSO.

The PST ensure that that each performer is registered on the GMC, has the necessary Access NI checks as well ensuring that the appropriate GP training has been completed successfully prior to admission to the List. Applicants complete an online application form. GP Practice Managers must check whether a doctor, whatever his or her status (partner, salaried, locum) is approved to work in general practice by checking the PMPL the BSO website HERE. The PMPL will detail those included which may have conditions applied or undertakings with the GMC.

A GP registered on the PMPL is enabled to work in all areas of general practice in hours and out of hours without supervision. To apply to be on the NI PMPL an application form can be found HERE . GP Trainees must also be listed on the NI PMPL when they commence their GP placement in GPST2.

A requirement of being included in the Performers List is that you undertake appraisal annually, and the Form 6 from each annual appraisal forms the basis for a GPs 5-year revalidation. If a GP wishes to work abroad or have a

break from practising, they should contact gprevalidation@hscni.net for advice regarding coming off the Performers List.

See also GP Appraisal and GP Revalidation

## GP Retention Scheme

See Northern Ireland Medical & Dental Training Agency

## GP Revalidation

Revalidation was introduced in December 2012 and is intended to be supportive and focused on raising standards. It is not a mechanism for dealing with the small proportion of doctors who cause concern, but it will help identify doctors who need extra support to develop their portfolios in line with the standards set by the GMC and the Royal College of General Practitioners.

Revalidation is designed to improve the quality of patient care and has three elements:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards
- For doctors on the Specialist Register and GP Register, to confirm that they meet the standards appropriate for their specialty (Recertification)
- To identify for further investigation, and remediation, poor practice where local systems are not robust enough to do this or do not exist.

The GMC provide additional resources and guidance which can be found HERE

For queries regarding both Revalidation and Patient and Colleague Feedback contact Revalidation and Governance Support Officer, SPPG
Tel: 028 9536 2056
Email: gprevalidation@hscni.net

## GP Seniority Payment

Seniority is an additional payment in accordance with The Statement of Fees and Allowances (made to GP Partners to reward experience based on reckonable service in eligible posts). In order to qualify for seniority a GP needs to be a partner for an aggregate of at least 2 years at which time they will need to submit an application - Form/SA July 20**,** which can be requested from the GMS Payments Team by emailing gms.claims@hscni.net. Once completed the form should be submitted to the GMS Payments team again using this email gms.claims@hscni.net

## GP Sessions & Outside Commitments

A full time GP is expected to work 5 days per week and 9 sessions per week, note that this may not all be clinical sessions. BMA defines a GP Session as 4 hours 10 minutes and also stipulate that not more than 3 hours should be spent in consultation with patients each session. GP Trainees sessions are defined by NIMDTA has 3 hour and 45 minutes. GP Practices refer to a GP working day in terms of AM and PMs. GPs often engage in outside commitments, some of which are paid duties and others of which are voluntary activities.

The most common additional paid role that GPs take on is a that of a GP Trainer. Often the GP Training income helps to bolster GP Practice shared income. Other paid duties might include working in Out of Hours, Tribunals, working in A&E or another clinical role in specialist area.

Probably, at least one GP in a Practice is likely to take an interest in local health service management and be involved in an Alliance/Federation. Added to that some doctors become members of the Local Medical Committee.

## GP Specialty Training

See Northern Ireland Medical and Dental Training Agency (NIMDTA).

## GP Superannuation

The HSC Pension scheme is a statutory occupational pension scheme for all HSC staff. HSC workers is defined as people who are employed by the HSC as well as medical, dental, and ophthalmic practitioners and general medical practice staff. Doctors' superannuation has a different administration process to that of Practices employed staff who are eligible to join the scheme. Most Practice Accountants submit this information on behalf of the GPs as it requires an annual prediction of earnings. The annual reporting flow incorporates the following:

- Principal/Partner GPs – SS14 upon joining as Partner, Payment on Account (POA) at year start for all Partners, reviewed POA is needed (if anything changes in the pensionable status with any partner e.g., opt out, leaves, retires etc). Annual Certificates at end of financial year.
- Salaried GPs – SS14 & SR1 upon joining & SR2 at end of financial year or upon leaving.

Locum GPs – Locum GPs are responsible for submitting their own superannuation forms for each Locum session they work to HSC Pension, called GP Locum A (NI) Form. Practices Managers are required to sign and stamp the Locum's presented GP Locum A(NI) Form, confirming that the Locum Claim is an accurate record of their Locum sessions in the Practice for that month. The locum only has 10 weeks to claim this work as pensionable from the date worked, so if they ask for the form to be signed it is essential that it is done as soon as possible.

For more information see HSC Pensions Website & HSC Pension Guidance Form which explains alternative requirements for GPs who are not just a Partner.

## GP2GP electronic Records Transfer

GP2GP records transfer enables patients Electronic Care Record (ECR) to be transferred directly and securely between Practices. The aim being that Patients records can be viewed almost immediately after registration with a new Practice.

The project piloted in June 2023 Approval process for maintaining EPRs

It is intended that this project will move from pilot to live phase with effect from June 2023 albeit those practices that are migrating from Merlok Clinical system to Vision or EMIS will be late 2024. As part of practices commitment to this initiative they are required to sign up to Paperlight Accreditation. SPPG are encouraging non-accredited Paperlight Practices to contact their Practice Support Manager for guidance on becoming Paperlight.

To realise maximum benefits of GP2GP, Practices need to ensure that all patient records are completely electronic. Many Practices have achieved Paperlight Accreditation and are in the process of digitising their paper records, it is those Practices who will/are gaining the greatest benefits from GP2GP functionality. Practices may choose to scan patient records opportunistically, for example at the time of a new patient registration or GDPR subject access request etc.

Practices will be aware of their obligations with regards to patient records as outlined in the General Medical Services Contract. In the event of a patient obtaining registration with another Practice, Practices are reminded of the importance of the timely transfer of the full patient record. Business processes to support these patient transfers may change with GP2GP but the responsibility remains. Queries regarding GP2GP can be directed to GP2GP system manager in first instance email: louise.mcgee@hscni.net.

For more information click GP2GP – Primary Care Intranet

## Grievance Procedure

As an Employer a GP Practice should have a written employee Grievance Procedure which ensures the use of fair procedures where a member of staff wishes to lodge a grievance about 'working relationships' or 'working

conditions' that staff might be dissatisfied about. The grievance procedure can be either in staff handbook or in statement of employment (contract). GP Practices should make sure that staff are aware of the grievance procedure. LRA advice that employees should make the employer aware of any grievance promptly. Attempts should be made to resolve a grievance informally in the first instance. Otherwise, a formal meeting should be arranged following an investigation into the complaint. Employees should be given the right to be accompanied at a meeting and to have a right of appeal. LRA provides further guidance on the content of grievance procedures. BMA can also provide support and guidance for Practices on employment issues where a GP Partner is a member. Practice Managers with permission of the GP can liaise directly with BMA for support.



## Hazard Inspection

GP Practices should carry out a health and safety (hazard) inspection on a regular basis. The inspection may take different forms. A safety tour or hazard inspection might involve representatives of the staff and or a private Health and Safety consultant as engaged by the GP Practice. An incident survey might arise from an accident or complaint. Practices should be able to demonstrate that they have taken heed of and taken corrective action in respect of any issues raised in an inspection report.

## Health & Care Number (HCN)

All registered Patients in NI that are entitled to NHS treatment are issued with an HCN. BSO allocate HCNs to patients having assessed their entitlement upon registering with a GP Practice for the first time. Practices are asked to make every effort to obtain the patient's HCN directly from the patient when registering with a GP Practice. Patients should show their medical card if they have one, or another form of photographic ID which may provide the correct information for using the HCN search facility to find the patient's record. Patients who have lost their medical cards can be guided to request a new medical card at the following link: Request a new medical card? (hscni.net)

## Health and Safety at Work Act (NI) Order 1978

The Health and Safety at Work Act (NI) Order 1978 is the primary piece of legislation covering occupational health and safety in NI. The Health and Safety Executive NI(HSENI) enforces health and safety in many areas of employment.

In summary, all employees and workers at a GP Practice have a right to work in a place where risks to health and safety are properly controlled. Health and safety is about stopping employees getting hurt or ill whilst at work. The GP Practice as employer is responsible for health and safety and the workforce must also play their role in health and safety issues. There are templates which practices can adapt created by the PICRT team which can support health and safety management - PICRT Resources

GPs as employers must decide by carrying out a risk assessment what could harm employees whilst working and take precautions to prevent harm. (Example – needle-stick injuries, faulty equipment, electrical faults, exposure to hazardous substances)

- should explain how 'risks' will be managed and who will be responsible.
- should consult and work with health and safety representatives – if appointed
- should provide 'free' health and safety training – if necessary

- should provide 'free' equipment and protective clothing (e.g., disposable gloves)
- should provide toilets, washing facilities and drinking water.
- should provide adequate first aid facilities.
- should report major injuries and fatalities at work under the RIDDOR Regulations.
- should have Employers Liability Insurance and display the annual certificate.
- should work with visiting employees or contractors to ensure health and safety is protected.

*For more information see HSENI website*

## Health and Social Care (HSC) in NI

In Northern Ireland the National Health Services (NHS) is known as Health and Social Care (HSC) and is part of the overall health service in UK. The NI Executive through the Department of Health funds the HSC, while the Public Health Agency is responsible for public health and social care services across NI. A&E provides emergency acute services.

The Health and Social Care (Reform) Act (NI) 2009 established the Health and Social Care Board (HSCB) (now SPPG) and 5 Health and Social Care Trusts responsible for delivery of primary, secondary and community health care. This act also established 5 local commissioning groups which work in parallel with the Health and Social Care Trusts (LCGs).

Integrated Care Partnerships (ICPs) are collaborative networks of service providers (e.g., healthcare professionals i.e., GPs, Nurses, Pharmacists, Social Workers and Hospital Specialists, voluntary and community sectors, local council representatives, service users and carers). There are currently 17 in NI. They do not have direct funding source, but if initiatives require funding, LCGs will put forward to Department of Health.

As of 31st March 2024, LCGs will be stood down to make way for Integrated Care System (ICS). See ICS chapter for further information.

GP Federations were established in NI as a direct outcome from the Bengoa Report in 2016 to support GP Practices and help deliver transformation agenda in HSC. GP Federations are a group of GP Practices benefitting from being part of a largescale organisation in receipt of NHS funding.

Business Services Organisation (BSO) provides a broad range of regional business support functions and specialist professional services to the health and social care sector in NI, including:

- Primary Medical Performers List (for checking GP Fit to practice status prior to engagement and annually)
- Patient Registrations (medical cards)
- Ordering Prescriptions
- Counter Fraud and Probity Services
- Honest Broker Service
- Information Technology Services – IT support for GP Practices (however hardware is outsourced to Clinical Providers e.g., EMIS, Vision) email: supportteam@hscni.net
- Interpreting Service
- Compass- prescribing information and reporting system
- Finance – FPPS for GP Payments
- Consumables and Stationery Orders

## Health Care Assistant

GP Practices can employ Health Care Assistants (HCA), who are not qualified nurses, to undertake simple duties such as phlebotomy, BPs, and dressings. Duties might also include new patient registration checks and health checks for patients. An HCA will work under the supervision of a qualified health professional such as a practice nurse or nurse practitioner. Training is available HERE or alternatively locally through Kingsbridge or Staff Nursing. In addition to

this the following ELearning for Healthcare is very helpful for gaining certificates on specific additional skills e.g., B12 injections, infection control updates etc. It is also essential that professional indemnity is in place for the HCA and all that they do.

## Hepatitis B Status

The Hepatitis B status of all doctors and clinical practice-employed staff is recorded and immunisation recommended if required in accordance with national guidance. The SPPG may ask for evidence of HB status of clinical staff as part of their annual visit. For the latest advice to GP Practices check the BMA website.

## Home Visits

GPs are under an obligation as part of the current GP Contract (Health and Personal Social Services (General Medical Services Contracts) Regulations (NI) 2004), to undertake a home visit if the patient's medical condition, makes it inappropriate or impracticable for them to attend the Practice Premise. Practice staff need to obtain sufficient information from a caller requesting a home visit to enable a GP to determine if a home visit is appropriate.

## Homeless Patients

People who are homeless are entitled to register with a GP using a temporary address which may be a friend's address or a Day Centre. The practice may also use the practice address to register them. SPPG are currently developing a LES for Belfast for Homeless Patients, check Primary Care Intranet for updates.

## HSC Pensions Staff

The scheme is a statutory occupational pension scheme for all HSC staff. HSC workers is defined as people who are employed by the HSC as well as medical, dental, and ophthalmic practitioners and general medical practice staff. Staff who work for certain employers that have been given Direction Body status by the Secretary of State can also join (Direction Bodies may include independent health providers, hospices etc. Following automatic enrolment legislation that came into force in via the Pension Act 2008, whereby every employer in the UK must put certain staff into a workplace pension scheme and contribute. All staff must be enrolled if eligible for HSC Pension. If staff are not eligible for HSC Pension* (e.g., aged 75 or older), under auto enrolment rules they may need to be offered an alternative company scheme (some practices use NEST, a not-for-profit pension scheme that is free to employers)

It is a defined benefit scheme, and the benefits accrued are dependent on the Scheme you originally joined, and the one you currently belong to and transfer values into the Scheme. Please refer to the scheme guides or more information on how benefits are accrued. Employing authorities are obliged to offer the scheme to all eligible employees they employ.

Membership of HSC Pension Scheme allows you to receive tax relief on your contributions and get a tax-free lump sum, within certain limits, when you retire. Please note that pensions in payment are taxed in the same way as income.

The HSC Pension Scheme was reformed in line with UK Pension Reforms, on the 1 April 2008. Members who were in the Scheme prior to 1 April 2008 are subject to updated arrangements. This is referred to as the 1995 section.

Therefore, a GP Practice can have staff with benefits accrued in 3 different schemes and rule sets within HSC Pensions:

- 1995 Scheme (closed to new members)
- 2008 Scheme (closed to new members)
- 2015 Scheme - Career Average Related Earnings (CARE) Scheme (all members moved to this scheme effective from 01/04/2022)

Some helpful reference points are:

- Full Time Equivalent (FTE) working hours for HSC purposes is the full-time working hours contracted for the role, this is usually the same for people working the same role but may be different depending on the Terms of employment for staff. HSC pensions will accept any FTE value between 35 and 40 hours per week without question or evidence required. Anything outside of this will need reviewed before being accepted.
- GP Practice Admin area is a new section on the HSC Pensions website since 2024 and this contains direct links to the most common forms used for practice staff administration.
    - Scheme Forms for Members
    - Scheme Guide including Tiered contributions rates.

Practices Managers are responsible for:

- Local administration of the Scheme, including taking deductions from members Salary
- Monthly submission of GP1s – employee pension contributions and annual GP55a (annual contributions) due on 31 May annually.
- Submission of New Joiner (J2) forms for new starts
- T55a for a member that leaves the scheme either by retiring, opting out or resignation upon their date of leaving.
- In addition to this Practices Managers are also responsible for the submission of the GP Superannuation Forms – see GP Superannuation
    - Please note that Practice Managers are not responsible for Form SS14 – this is the responsibility of the GP themselves, and PMs should not be asked to submit this.
- HSC Pension offers a telephone helpline services 028 71319111 for GP Practice Managers (option 3) and Practice Staff (option 1) or are contactable via this email: hscpensions@hscni.net

**As of 01/04/2024, any member who has previously claimed HSC pension benefits, regardless of which scheme has been claimed, can re-join the HSC Pension scheme from when they request to join, or the next staging date of autoenrollment for the employer. All practices were notified of this change in March 2024 and were asked to make affected members of staff aware of this change in rules.*

## Immediately Necessary Treatment

GPs are under a contractual obligation to provide immediately necessary treatment to any person requesting non-life-threatening treatment and care where the person is not registered as a patient with the Practice. This is essential treatment, which in the clinical judgment of a healthcare professional cannot be delayed or avoided.

Practices often group admin processes for immediately necessary treatment with temporary residents and non-reciprocal countries. Each category is treated slightly different see also Temporary Resident and Reciprocal countries.

The full terms of the contract are defined in The Provision of Health Services to Persons Not Ordinarily Resident Regulations (NI) 2015. BSO Registration Team will also support and guide with any queries that practices might have as they arise.

## Improvement Grants

Premises Improvement Grants for GP Practices can be applied for via the SPPG upon completion of A7 Practice Assurance Form. Grant Funding is capped at £30,000 and applications must clearly set out how their premise improvement project will improve the practice environment for delivery of the GMS services in line with the Health and Personal Social Services (General Medical Services – premises costs) directions (Northern Ireland) 2015.

For more information see: Practice-Assurance-A1-to-A9-2022-2023

Also see HPSS (GMS Premises Costs) Directions (NI) 2015

## Induction handbook (Employees / GPs)

As employers, GP Practices should ensure that new employees receive an introduction to the Practice and workplace, including a tour of the premises and meeting all colleagues. Practices may for instance provide an Induction Handbook for all new employees, GP Registrars, Salaried and Locum Doctors. Practices should ensure that all members of staff are given a job description. Examples of Handbook and Staff Manuals can be found in the Resources section of the Practice Index, alternatively LRA and NI Direct websites have great wealth of information that is so useful for a staff handbook.

## Industrial Tribunals & Fair Employment Tribunal

The Industrial Tribunals and Fair Employment Tribunal are independent judicial bodies in NI that hear and determine claims concerning employment matters. The Industrial Tribunals hear claims relating to unfair dismissal, breach of contract, wages, and other payments as well as discrimination on grounds of sex, race, disability, sexual orientation, age, part time working and equal pay. Whilst the Fair Employment Tribunal hears claims relating to discrimination on the grounds of religious belief and political opinion.

Employees may lodge a 'complaint' to the Tribunal Service having first notified the LRA and discussed early conciliation. There are different time limits for different matters, most tribunal claims must be made within 3 months of the incident, but this can vary and is subject to the early conciliation process. The employer has 28 days to respond. It is vital that responses are given within the timetables prescribed. Documentation and witnesses may be presented at a hearing. The decision of the tribunal is given within days and may be challenged by asking for a review and the employee may appeal if there appears to be a legal mistake. For more information click HERE

## Infection Control

In NI GP Practices as instructed by the Health and Personal Social Services (GMS Contracts) Regulations (NI) 2004 are required to ensure that they have appropriate arrangements for infection control and decontamination in place. Therefore, it is 'safe practice' for GP Practices to ensure that relevant staff are trained in infection control and that they continue to be refreshed as new standards of infection control are implemented. Currently in NI there is no regulatory body that conducts checks within GP Practice regarding Infection Control education and standards. The Medical Protection Society recommended that Practices should ensure that they have suitable arrangements in place to ensure patients experience care in a clean environment and are protected from acquiring infections. Practices should ensure that their arrangements take account of cleaning premises, specimen handling, handwashing techniques, clinical waste, disposal of sharps, dealing with spillages, cleaning of curtains and blinds and laundry of uniforms. Further advice can be found on the Medical Protection Society's website

Free e-training is currently accessible to GP Practices via e-lfh Training Portal in which there is a good online training for infection Prevention and Control.

## Infectious Diseases

GPs are legally required under the Public Health Act (NI) to notify the Public Health Authority (PHA) if they are aware of, or suspect that, a patient is suffering from a notifiable disease using the appropriate notification form. Should a doctor have a specific query or need further guidance they can contact PHA Duty Room on 0300 555 0119 or email: pha.dutyroom@hscni.net

Notifiable Diseases are listed as follows:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Monkeypox
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

*See* PHA Website *for further details.*

## Influenza Vaccinations

See Vaccinations

## Information Commissioner's Office

The Information Commissioner's Officer (ICO) is the UK's independent authority set up to uphold information rights in the public interest**,** promoting openness by public bodies and data privacy for individuals. It is a non-departmental public body which reports directly to the Parliament of the United Kingdom and is sponsored by the Department for Digital, Culture, Media and Sport (DCMS). It is the independent regulatory office (national data protection authority) dealing with the Data Protection Act 2018 and the General Data Protection Regulation, the Privacy and Electronic Communications (EC Directive) Regulations 2003 across the UK. The ICO website is very informative in guiding what is expected of a GP Practice and also has a self-assessment tool which is very useful to help inform the right course of action when a data breach occurs. All Practices are required to register and pay an annual fee to the ICO under the 2018 Regulations.

## Inland Revenue (HMRC)

The Inland Revenue requires the online submission of payroll information online (Real Time Information (RTI)) and collects PAYE and National Insurance contributions for GP staff. GP Practices must be registered with the HMRC for online submission of payroll data. Practices will need to change tax codes and introduce student loan repayments when notified. Self-employed GPs are personally responsible for making tax payments to the Revenue on a twice year basis (January and July). Some Practices choose to run their own payroll having purchased software to do so e.g., IRIS or SAGE, others engage their Accountants to do on their behalf. GP Practice payroll also includes management and administration of HSC Pension scheme for staff so important that if kept in house that Practices have adequate knowledge/expertise.

Click HERE for more information.

## Insurance

### Insurance - Employer Liability Insurance

There is a legal obligation upon GP Practices as employers to take out employer's liability insurance and to display the insurance certificate in the surgery. Employers are responsible for the health and safety of their employees whilst at work and as such are covered by the Employers Liability Compulsory Insurance Regulations (NI) 2022. For more information, check with your surgery insurance provider.

### Insurance - Locum Protection Insurance

With high costs associated with Locum cover, Locum Protection Insurance may be something that a GP Partner and or Practice wishes to explore to reduce the costs of Locum cover during a period of GP Performer absence e.g., sickness, jury service, suspension from work, family emergencies, bereavement, paternity, maternity adoption leave. One such provider is Wesleyan Financial Services. Note that SPPG will part fund GP absence where eligible under terms set out in the Statement of Financial Entitlements 2019. Currently these regulations confirm reimbursement is available from week 4 to 26 weeks for GP Performers who are absent from work upon provision of Locum expenses up to a maximum amount. In addition to this for 23-24, SPPG has confirmed that GP sick/Maternity/Paternity and Adoption leave reimbursement is claimable from day 1 see Margaret O'Brien Letter dated 19.04.23 (note these are additional terms to SFE 2019 and therefore subject to change, so it is recommended that Practices check with their Practice Support Manager prior to claiming). More information on the scheme and claim process can be found on the Primary Care Intranet click HERE

### Insurance - Medical Indemnity Insurance

Under the 2012 Regulations, General Medical Council (Licence to Practise) all doctors are required to take out appropriate cover having regard to the nature and extent of the risk of practising known as medical indemnity insurance. Some providers of insurance include Medical Defence Union MDU , Medical Protection Society MPS and Medical and Dental Defence Union of Scotland MDDUS. Certification is renewed annually. Often Indemnity Providers also provide discounted training for Doctors and Practice Staff as well as risk management advice and

guidance and support with inquests, inquiries, claims of medical negligence and disciplinary proceedings. The GMC website provides extensive advice on registration issues.

As part of the NIGPC and DOH negotiations and agreed terms and conditions of the 2024/25 GMS Northern Ireland Contract Assurance Framework for GP Contractors. In 2024-25 funding totalling £5m was allocated to assist with Indemnity costs. Each GP practice received a capitation share of the £5m. This allocation was one-off payment for 2024-25 (see Margaret O'Brien letter dated 18.06.24).

BMA continues to campaign on behalf NI GPs about the importance of a state backed indemnity scheme such as is available in the other nations, to attract new GPs, and to ensure parity with GPs in other nations.

### Insurance - Public Liability Insurance

Public liability insurance whilst not a legal requirement to have, is best practice for all GP Practices to help protect the Practice if a claim is made against it, e.g., an accident or injury to a patient or a member of the public or contractor whilst at the Practice or something happens at the Practice that results in damage to someone's property. Note that Public Liability insurance doesn't cover employees, it only offers the Practice protection against third parties. Therefore, it is essential that Practices also take out Employer's Liability Insurance. Sometimes Insurance providers will provide quotes for both types.

Regarding capital grants and larger premises development works, improvement grants can be directed through the Primary Care Infrastructure Development team (PCID).

Please ask your PSM for contact details of the PCID team who can advise on a case-by-case basis.

## Integrated Care Systems

Integrated Care Systems (ICS) NI is the new framework for planning and managing services in Northern Ireland. It represents a shift away from the transactional model of commissioning of the past to one of system-wide collaboration and stronger partnership working. ICS NI is a single planning system with the aim of helping to improve the health and wellbeing of the population. The system has two core aims –

- The first is improved integration and collaboration within health and social care to ensure health and care services are being planned, managed, and delivered to best effect.
- The second is an increased focus on prevention, early intervention and community health and wellbeing.

During 2023/24 the model has evolved based on extensive engagement both internally and externally and learning from the test in the Southern Trust area.

Implementation is underway and from October 2024 shadow Area Integrated Partnership Boards (AIPBs) have been established; across Southern, South Eastern, and Western areas. Northern and Belfast areas will commence in early 2025.

AIPBs will provide the vehicle to work with other stakeholders at a local geography to focus on community health and well-being, proactively taking action to keep people well in the first place and supporting them to self-care and where this is not possible, enabling intervention at the earliest possible point.

General practitioners from Local Medical Committees and Federation Support Units form part of the membership of the new AIPBs.

At a regional level, the Department of Health's Strategic Planning and Performance Group (SPPG) and Public Health Agency (PHA) hold strategic oversight for planning of health and social care services.

SPPG and PHA have established new multi-disciplinary planning teams, the primary aim of which is to embed integration and the population health approach into the planning of HSC services.

For more information, please visit this link.

# J

## Journals, newsletters, and magazines

GPs and GP Practices receive a variety of medical journals. GP newspapers and Magazines providing up to news, articles and 'papers' which these days are often supplemented by extensive websites. GP Practice Managers might ask their GPs for back copies of publications for reference purposes. Here is a short list of the most common publications:

- BMJ – British Medical Journal
- The Lancet – provides professional medical papers on clinical subjects.
- GP – General Practitioner (provides mobile app)
- Pulse, a monthly magazine and website has provided GP news, jobs and education since 1960.
- Health and Social Service Journal
- Medeconomics is a practice management resource providing practical, accessible advice and information.
- GPNI- General Practice NI updates and webinars to enhance connection for GPs in your locality.
- NILMC – NI Local Medical Committee issues important updates to GP Practices as required.
- EFSU – publish quarterly newsletters.

## Jury Service

Both doctors and their staff may be called for Jury Service at any time. The initial period of duty usually lasts two weeks (10 working days) after which jurors are normally discharged unless sitting on a case. The Court will meet loss of earnings, travelling and daily subsistence. GPs can apply to be excused from Jury service as their professional registration of the GMC provides them with this right. For GP staff that have been summoned to Jury service, practices should decide whether continue to pay 'jurors' whilst absent from work, this should normally be outlined in the staff handbook, it might be usual to the deduction from salary of the allowance to which the employee is entitled under the Juror's Allowances Regulations.

Practices should ensure that arrangements are in place for the continuity of clinical and administrative management in the absence of any clinical and practice staff. For further info click HERE

# K

## Kardex

The Kardex is a simple card designed to document which medicines a patient should receive along with the dose and frequency they should be given. Kardex's are used in Community (District and Palliative Nurses) and in Nursing Homes. Patients that require a Community Nurse to administer medications will need a Kardex completed by the GP specific to them and their medications. Each change of medication will be updated and authorised by the GP on the Kardex. The Nurse upon administration of the medication will then sign the Kardex with date and time given.

The Kardex forms part of the patient medication record and is a legal document. See Appendix 5 for South Eastern Kardex.

## Knowledge of English

The General Medical Council requires that all doctors who practise medicine in the UK must have the necessary knowledge of English to communicate effectively so they do not put the safety of their patients at risk. Communicating includes speaking, reading, writing, and listening. The requirement extends to foreign medical students seeking to work in the UK and doctors from European Union states. Applicants to join the national Performers List will need to demonstrate a knowledge of English who hail from countries where English is not the first language.

# L

## Lead person 'responsible'

GP Practices in addition to being 'managed' by a Practice Manager often supplement their management arrangements by 'appointing' a lead person from amongst the GP Partners to monitor specific clinical and administrative subjects. For instance, a partner or practice nurse might take responsibility for monitoring or managing specific GMS Contract Framework domains. Best advice suggests that a partner might take lead responsibility for monitoring the financial interests of the Practice, the surgery premises and also staffing.

## Learn HSCNI Platform

The Learn HSCNI platform is the Health and Social Care Northern Ireland's (HSCNI) Learning Management System (LMS), designed to deliver digital, classroom, and blended learning experiences to employees and external audiences. It serves as a centralised hub for statutory and mandatory training, as well as organisational and optional courses, enabling users to complete and track their professional development.

The platform supports various learning modalities, including eLearning programs developed by the Clinical Education Centre (CEC). By providing a comprehensive suite of educational resources, Learn HSCNI facilitates continuous learning and skill enhancement across the health and social care sector in Northern Ireland.

Some GP Federations in Northern Ireland have facilitated access to Learn HSCNI platform for all practice staff, but this may not be available in all federation areas yet.

## Life Saving Skills – CPR Mandatory Training

Life Saving skills or life support skill Training is required every 18 months for Clinical Staff as part of the GP Contract to be part of making a GP Practice 'safe' and every 3 years for Practice staff (see SFE 2004). Training can be provided either by the EFSU as part of Practice Based Learning (PBL) Days or alternatively a Practice may source their own training provider if it doesn't form part of the PBL planned topics in time for the Practice. Some providers are St John's Ambulance Service or Survival Lynx

The training should also cover (CPR) resuscitation skills. Practices should be able to provide evidence of certification of training for all clinicians and practice staff. In addition, staff should receive a demonstration of how to use a defibrillator.

## Liquid Nitrogen (cryotherapy)

Some GP Practices use liquid nitrogen for the provision of minor surgery procedures. Practices need to ensure that safe practices are adopted for the transportation, delivery, storage and handling of liquid nitrogen. It is also used for the treatment by freezing of various skin conditions including skin tags and viral warts. For a template policy and risk assessment guidance see Practice Index

## List Freezes

GP Practices can in exceptional circumstances, such as manpower issues or premises development, seek approval from SPPG to close their lists from accepting new patients. Approval is rarely given. GP Practices are expected to accept patients unless there is a good reason not to do so. The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004, Schedule 5, Part 2, Paragraphs 29-31 outline the process involved.

See Allocation of Patients chapter for further information. For more information please view full document here

## Local Enhanced Services

See Enhanced Services.

## Locum

A locum is a qualified Doctor who is paid to support the Practice in the absence or in addition to the other GP Partners. Prior to engaging a Locum the Practice should ensure that they are registered on the Primary Medical Performers List (PMPL), conduct a cross check with the GMC Register, provide a copy of the Medical Indemnity Insurance and have agreed terms of engagement. Locums are engaged on a sessional basis and paid a rate which are normally agreed regionally with other GP Practices. All locum prescribers who work in the practice should also declare if they carry any Controlled Drugs (CD) in their personal stock, and this should be added to the CD register along with the practice employed prescribers.

## Locum List

The Sessional Locum List was an initiative implemented by the Eastern FSU and GPNI for regional use for practices throughout NI. The aim of the list is to facilitate improved communication between practices and GPs seeking work in each locality. Sessional GPs can register to be added to the list and indicate which Federation areas they are open to work in. Practice staff in turn sign up to receive the sessional GP list specific to their area, which is sent out every 2 months (Start of Feb, April, June, August, October, Dec where possible)

Both sessional GPs and practice staff can sign up at any stage throughout the year but may miss the most recent intake depending on when they sign up.

The list sent by EFSU to practices is solely for the purpose of contacting sessional GPs regarding GMS locum work within the specific Federation areas that they have indicated. You cannot be sent a copy of the list if you are not registered and if you register after a recent list has been sent you will not automatically be sent the previous list.

For practice staff wishing to receive the sessional locum list please sign up HERE
For locums wishing to be added to the list and give their preferred work locations sign up HERE
If anyone wishes to be removed from the list or has any queries, please contact info@easternfsu.co.uk

Please note some FSUs have local initiatives as well so contact your relevant FSU for further information.

# M

## Maternity Leave

GP Practices are required by law to respect requests for maternity leave, along with the associated legal rights of expectant and nursing mothers to ante-natal leave and to return to work. Maternity rights will apply to female practice staff and salaried GPs.

Statutory Maternity Leave is 52 weeks. Statutory Maternity Pay (SMP) may also be due to be paid to practice staff including salaried doctors. SMP is payable for 39 weeks, 90% of average salary for 6 weeks and then 33 weeks of SMP (2024/25 £184.03 per week) GP Practices are legally required to allow time off for ante-natal appointments. Practices might want to offer keeping in touch days during maternity leave in addition of course to the right to return to work to the original post. Requests to return to work on different duties or for fewer hours and day be considered very carefully and not be refused without 'good reason'.

Further changes are anticipated for NI in coming 2024/25 year with the scheduled introduction of the Neonatal Care Act 2023 due to come into force in England and Wales from April 2025. NI sits separate in respect of employment legislation due to our devolved government status, so it is not yet known if the NI Executive will adopt this Act. To keep updated/current best to check with the Labour Relations Agency (NI) on 0330 0555 300 as employment changes are anticipated over the coming year. As for doctors who are partners the partnership agreement will need to deal with maternity and paternity leave. See NI Direct SMP

## Medical Card – Northern Ireland

All patients once registered with a GP for the first time in NI will receive a medical card from Business Services Organisation. The Medical Card will confirm the Patients Health & Care Number (HCN). For Access to Health Entitlement queries and guide see BSO Website Entitlement and first-time registration.

There are 2 main forms used for registration with a GP practice – HS200 (patient transferring from one practice to another within UK) and HSCR1 (used for patients who hasn't been registered with NHS before, patients who have been previously removed due to embarkation, or patients who have been off the register for several months). Supporting documents are required at time of registration and completion of the registration form to confirm identity. BSO Registrations team can support Practice Managers with full guidance around patient registration and forms. For further information call 02895360333 or email: registration.queries@hscni.net

## Medical Receptionist

GP Practices employ medical receptionists to receive patients, process prescriptions, book appointments and deal with general enquiries, provide test results as directed by GP, data input, scanning and many other administration duties. Practices need to provide reception cover for around 10 hours per day, during normal surgery opening hours, normally 8.00am to 6.30pm on weekdays. Some surgeries now close for an hour at lunch or for a half day each week to facilitate meetings and smoother running of the business, however surgeries that choose to close reception during these set core hours, must provide urgent access to patients during these closed times. The practice will decide the way in which they choose to do, some diverting urgent calls to a practice mobile or a buddy Practice taking calls at this time.

Over the past 10 years the role of the medical receptionist has changed due to the extreme challenges that GP Practices face with increased demand for services, unmatched funding and secondary care waiting lists. Medical receptionists require excellent interpersonal skills in addition to a high degree of computer literacy, an ability to

multitask and an excellent attention for detail. Practices should ensure that staff working as medical secretaries understand the legalities of access to medical reports and medical records as well as the importance of confidentiality all encapsulated in a service provision role. Practices need to consider the safety aspects of staff working alone at reception. Examples of job descriptions can be found in the Resources section of Practice Index.

New Medical Receptionists should receive comprehensive induction training upon commencement with the Practice as well as undertaking mandatory training as part of the SPPG requirements of the GMS Contract, see Life Saving Skills - Mandatory Training, Learn HSCNI & Care Navigation Awareness Training . Practices are also required to conduct annual appraisals with all employed staff again as part of their GMS Contract.

## Medical Records

In England Patients are now able to access their medical records electronically, NI legislation and technology lag behind. Care needs to be taken when Practice Managers work with third parties linking to their clinical systems that NI has different rulesets. In NI GP2GP Project is currently underway, see GP2GP Electronic Records Transfer, which enables medical records to be transferred electronically between GP Practices, the majority of Practices are now operating electronic medical records with historic handwritten medical records being scanned on electronically upon a patient transferring to another practice.

What is a GP Medical Record made up of:

- Manual Record
- Computer Record
- Buff Manilla Folder - "The Lloyd George Manual Record" which houses hard copy medical record (this is the legal document).

The GP Medical Record will hold the following information:

- Registration – Personal Details
- Carer information
- Medical Summary
- Medication – Repeat and Acute, past and current
- Care History
- Problems
- Investigations - conducted and results.
- Immunisations
- Documents – incoming which can be scanned, and outgoing letters created by Practice *
- Referrals
- Care Plans
- Key Information Summary (KIS)
- Tasks
- Appointment Book
- Diary
- Links to Clinical Communications Gateway (CCG) and Electronic Care Record (ECR) which is NHS electronic care record.

Clinical Systems have an audit trail which is invaluable enabling each addition/change to the medical record to be recorded as to who and when the change was made.

Records are still transferred between practices when a patient moves both manually and by using the GP2GP electronic transfer system. See Access to Medical Records and Retention of Records

*Medical records contain 'private medical reports and clinical correspondence that may technically be owned by the author of the document and marked not to be released or copied without agreement.

## Medical Student Placements

There are two medical schools in Northern Ireland:

- **Queen's University Belfast** (QUB) offers a 5-year undergraduate course to medical students with up to 300 places in each year group. In recent years there has been a significant expansion in student experience in primary care, this means that demand for Practice placement for students has also increased. You will find information about the different modules related to General Practice here: https://www.qub.ac.uk/sites/qubgp/. The QUB Clinical Placement Handbook is available HERE.
- **Ulster University (UU)** offers a 4-year accelerated, Graduate entry, medical degree programme with a strategic focus towards primary care. The course in UU launched in 2021; intake in September 2024 was 63 students.

QUB and UU have teamed up to form the Northern Ireland GP Clinical Placement Alliance (NIGPCPA) to align processes and messaging to ensure that both medical schools take a similar approach for student placement in primary care. The Availability and Allocations process for student placement will open in the New Year.

### Medical Student Placements – Service Level Agreement

Each year a Practice is required to sign a service level agreement with the Department of Health through the SUMDE team (Supplement for Undergraduate Medical and Dental Education). The current SLA can be downloaded HERE

### Medical Student Placements – Tutor Support

There is support available for teaching practices, online support, experienced GP mentoring, training days, a UU training day every June and an annual QUB GP tutor day in September. The teams also offer to attend Federation Practice-based Learning days. QUB and UU have an online CPD programme to help Tutors develop their teaching skills and learn from each other. GP Tutors should ensure they obtain CP2A from QUB/UU for your GP appraisal. CP2A forms are completed by GP Tutors.

QUB and UU have an online CPD programme to help Tutors develop their teaching skills and learn from each other. GP Tutors should ensure they obtain CP2A from QUB/UU for your GP appraisal. CP2A forms are completed by GP Tutors. The CP2As are issued retrospectively for the previous academic year, unless you are new to teaching in 2024-25. The feedback from the CP2A is anonymised and used to guide future tutor training sessions. QUB Tutors can request this by filling in the form HERE. For UU Tutors, the form is HERE. You can see recent webinars at this link GPCPA CPD Events.

Additionally, the Royal College of General Practitioners have produced a guide for those teaching general practice.

### Medical Student Placements – Remuneration

QUB and UU use the same model for remuneration. The rates are set and paid by the SUMDE office. Hosting students on an embedded placement is remunerated at a rate of £59.17 per student per session. Placements with students in Years 1 & 2 are remunerated slightly differently (see below). QUB and UU will submit claims on the Practices' behalf to the SUMDE office for payment at the end of each financial quarter.

Payment can be viewed on your GMS statement and can be found under SUMDE (select from the drop-down box under "remittance"). A summary of SUMDE claims is forwarded to BSO each quarter (March, June, September and December). Any queries regarding SUMDE quarterly payments should be directed to BSO in the first instance. Tel - 028 9536 3742

The rates of remuneration by year in **QUB** are:

| Year Group | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|---|---|---|---|---|
| **No of students over the year** | Groups of approx. 8 | Groups of approx. 8 | Groups of 6 | 1-2 at one time (max 8 students across the year) | 1-2 at one time (max 6 students across the year) |
| **No of Weeks in GP practice** | 5 afternoons across the year | 5 afternoons across the year | 12 mornings in Practice | 4 x 2-week blocks | 7weeks out of an 8-week block |
| **SUMDE rates** | £41.67 per student = £1666.67 per group | £41.67 per student = £1666.67 per group | £59.17 per student = £4,260 per group of 6 (This rate was introduced from 2024-25 academic year) | £59.17 per student per session<br>1 student - £4.7k<br>2 students - £9.4k<br>4 students -£19k<br>8 students - £38k | £59.17 per student per session<br>1 student - £4.1k<br>2 students - £8.2k<br>6 students - £24.6k |

The rates of remuneration by year in **UU** are:

| Year Group | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| **No of students over the year** | 2-3 students at any one time | 1 student at any one time | 1-3 students at any one time | 1-3 students at any one time |
| **No of Weeks in GP practice** | 12 half day sessions across the year | 4 sessions per week for 5 weeks per student (known as one student block) | 1 day weekly for 38 days per student | 4 days a week for 5 weeks per student (known as one student block) |
| **SUMDE rates** | £250 per session | £59.17 per student session. £7,100.40 for 6 student blocks per year. | £59.17 per student session. £4,496.92 per student hosted. | £59.17 per student session. £14,200.80 for 6 student blocks per year. |

## Medical Student Placements – Managing Practice Capacity when Teaching.

As the footprint of primary care continues to increase, it can be challenging to accommodate the various professionals within the practice. QUB has created an online resource for PMs which provides some ideas as to how to maximise capacity

## Medical Student Placements – Educational Contract

QUB and UU will advise you on educational contracts that will outline what practices can reasonably expect from their students and vice-versa.

If you are interested in finding out more, please contact:

QUB Contact:

- e: gpadmin@qub.ac.uk
- w: https://www.med.qub.ac.uk/wp-gp/
- Information for PMs can also be found on https://www.qub.ac.uk/sites/qubgp/FAQ/

UU Contact:

- e: medicine@ulster.ac.uk
- X: @UlsterUniMed

## Medical Reports – access to medical reports act 1998

GPs can be asked to provide medical reports (or carry out medical examinations) for a variety of reasons. These include reports on fitness to work, accidents and to offer a medical 'expert' opinion. Requests are made by insurance companies and solicitors. GPs are entitled to charge fees for reports provided for third parties with the written consent of the patient. Reports may also be requested by Government Departments, such as the Department for Work and Pensions. See legislation for more detail Access to Medical Reports Act 1998. The BMA has a recommended scale of fees see BMA that Practices use as a guideline.

## Medication Reviews

A medication review is a review of a patient's medications with a GP or Pharmacist. A structured medication review, with the clear purpose of optimising the use of a patient's medicines may identify medicines that could be stopped or need a dosage change, or new medicines that are needed, it should involve the patient's input and enable the patient to understand more about what medications do and why they should be taking them as well. It is good patient care to offer patients structured medication reviews which in turn will result in a reduction of adverse events. To be able to offer a structured medication review to people who would benefit, local healthcare providers must first have systems in place to identify those people (such as those who have long-term conditions or who take multiple medicines). Practice Managers often work in partnership with GP Pharmacists to create clinical searches that identify those patients that would benefit the most.

## Medication Synchronisation

Medication synchronisation or otherwise known as 'med sync' is where a pharmacist or GP aligns patient medication refills to the same day each month. Hospital admissions for a patient can result in a patient's medication getting out of sync, with new medications initiated and some stopped. Also nursing home or residential care home staff will often request that new resident's medications will be synced to bring them in line with their other patients ordering schedules for ease and patient safety. Each practice will develop their own system for managing these requests.

## Minor Injuries Units

Minor Injuries Units can treat injuries that are not critical or life-threatening and aim is to reduce the workload on Accident and Emergency Departments. Minor Injury Units (MIU's) are sadly on the decline due to NHS pressures. Those that remain open are staffed by nurse practitioners and nurses who can treat and often require advance booking: -

- Broken bones, sprains and strains
- Broken noses and nosebleeds
- Abscesses and wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries
- Injuries to back, shoulder and chest.

Minor Injuries Units do not necessarily have immediate access to radiography or a doctor. For further information look at NI Direct Website. As part of Care Navigation Awareness Training, Practices are encouraged to look at what patient self-referrals are accessible in their local area to help signpost patients both on the phone and via the Practice website. In addition to MIUs' there may be self-referral access to Podiatry, Physiotherapy, Occupational Therapy, Continence Nurse and Social Prescribing.

All Trusts now operate a Phone First System for Minor Injury Units.

The Phone First service is designed for patients who are feeling unwell and considering travelling to an Emergency Department with an injury or illness which requires urgent treatment but is not immediately life threatening.

When patients call the 'Phone First' service, a health care professional will clinically assess their condition. They will then make arrangements for the most appropriate urgent care service for their needs.

This may mean arranging an appointment at their local Urgent Care service or Minor Injuries unit, organising rapid tests or assessment, redirecting you to them to their GP, GP Out of Hours or providing advice.

Numbers for patients to contact:

**BELFAST TRUST**

02896 159444

**SOUTH EASTERN TRUST**

02891 510110 (Ulster Hospital & Lagan Valley)

02844 838091 (Downe Hospital)

**NORTHERN TRUST**

0300 123123

**WESTERN TRUST**

0300 0206000

**SOUTHERN TRUST**

0300 123111




## Monthly Prescribing Statement

GP Practices in NI are allocated an annual indicative budget for prescribing spend based on patient population, age/sex structure and additional needs. GP Practices receive a Practice specific Monthly Prescribing Statement. GP Practice Pharmacists work alongside GPs, Advanced Nurse Practitioners, and other members of the practice team to ensure prescribing is safe, effective, and efficient. Each Practice can arrange an annual prescribing visit conducted by a SPPG Pharmacy Advisor involving a lead GP, GP Pharmacist and Practice Manager to discuss an action plan for the Practice for the coming year. For more information see Pharmacy and Medicines Management

## Moonlighting

As employers GP Practices need to be aware of employees who have a second or more jobs that might conflict with the job or role that the employee is contracted to carry out. Practices should include a clause in any contract of employment seeking to ensure that no employee has another job which is in conflict with their employment at the Practice and to determine whether for tax purposes post held in the Practice is their main employment.

## Movianto

Movianto Northern Ireland offer a specialised temperature-controlled storage and distribution service to a variety of healthcare customers in NI. This includes hospital pharmacies, retail pharmacies, GP Practices, wholesalers. They offer same day or next day delivery. GP Practices order the majority of their seasonal vaccines through Movianto, guidance is given as part of the Enhanced Service specification.

## Multi-Disciplinary Team (MDT)

In general practice a multi-disciplinary team (MDT) is a gathering of doctors, other clinicians, practice, and community nurses with a special interest in a subject that involves all team members' e.g., palliative care. The development of MDTs is a central element of "Health and Wellbeing 2026 - Delivering Together" following on from the Bengoa Report. GP Federations in NI are working together with GP Practices to rollout Primary Care MDTs under the following document Primary Care MDTs.

There is agreement that it should not be a "one size fits all" approach as local Federations need to be in a position to influence the make-up of the MDT to reflect the needs of its local population.

Who makes up the MDT?

- 0.5wte First Contact Physio per 5000 patients.
- 0.5wte Mental Health Practitioner per 5000 patients.
- 1.0wte Primary Care Social Worker per 5000 patients.
- 0.5wte Social Work Assistant per 5000 patients.
- 10wte District Nurses per 10,000 patients.
- Health Visitors carrying 180 caseloads.
- Managers from each profession above.

MDTs are delivered in partnership between Trusts and Federations; Federations have an identified Clinical Lead to liaise with the relevant lead in the local Trust as well as the Professional Managers.

Wherever possible MDT staff are co-located in practices and there is investment in extending premises where needed to facilitate this. Federations make monthly payments to practices in recognition of the work required by practices to implement the new staff.

MDT staff (except for DN and HV) will only use the GMS clinical system and receive training on using regionally agreed templates for each profession.

As of September 2023, 726,000 citizens across Northern Ireland benefit from MDT services, with over 200,000 having access to all core MDT roles. The programme currently supports 367.15 Whole-Time Equivalent (WTE) staff in 114 GP practices within seven Federation areas.

The next phase of MDT rollout will focus on North Belfast, Southwest, and East Antrim, following the Minister of Health's previously announced order however there is no confirmed dates at time of publication. Key changes may include halving the ratio for social workers to align with other core roles (1:10,000) and delaying social work recruitment by a year in new rollout areas. The governance structure will consolidate project boards into five Trust/FSU-level boards, enabling greater coordination and efficiency.

The Federations remain committed to ensuring equitable access to MDT services and enhancing patient outcomes through effective implementation.

## My Care App

My Care App gives patients greater control over their healthcare by providing them with personalised and secure online access to specific parts of their medical records.

Through My Care they can access information like medications, appointments and some test results.

For information to be accessible to a patient it must first be inputted into the Encompass system.

Patients accessing services in other Trusts will not have information available on My Care until that Trust begins using encompass.

- Northern Trust (NHSCT) will begin using encompass in November 2024
- Southern Trust (SHSCT) and Western Trust (WHSCT) will begin using encompass in May 2025.
-

Patients will need to have an active NIDirect account to access to My Care. For further FAQs about My Care please click here. My Care will not hold historical medical information dating before November 23. Information on General Practice interactions will not be available via My Care currently.

## Named GP/Registered GP

Both the BMA & The Health and Personal Social Services (GMS Contracts) Regulations NI 2004 (section 18, page 43) confirms that all registered patients of a GP Practice must have a "named" or "registered" GP or as NI legislation terms, "Patient Preference of Practitioner." This is where the Patient has the right to express a preference to receive services from a particular performer, the Practice must also make reasonable efforts to accommodate the patient preference. It is noted there may be reasonable grounds for a Performer to refuse to provide services to the patient. Practices are required to code this patient to named GP in the Practice Clinical System. Often Referral letters that are sent from the Clinical system will provide "Registered" or "Named GP" as well as the referring GP. Note that it is normal GP Practice policy when patient lists are open to registration that new registrations are allocated a specific "Named" GP as chosen by the Practice and according to current sizes of Named GP lists sizes within the practice, with an aim of balancing the list sizes of particular GPs according to sessions per week or partnership share. The reason for this is purely to help GP Partners manage their workload in line with their working hours as secondary care letters are often generated using Named GP. Every GP Practice manages patient letters and workload differently.

## National Insurance Contributions

National Insurance contributions are paid by both the employer and employee and collected from employee's salaries and paid to HMRC on a monthly basis as part of the Practice Real Time Information (RTI) submission. Each employee is issued with a national insurance number at the outset of employment. NI contributions are paid towards the cost of State Benefits. NIC contributions are paid if employees are 16 or over. There are different classes of contribution and employees paying a Class 1 contribution (employed) cease paying it at state 'pension' age. See Gov.Uk NI

## NHS '111' Telephone Service

The NHS '111' Telephone Service is a 'one stop' 24-hour central contact point for the provision of emergency and urgent care services that is available in England, Wales and Scotland. Sadly, is not available in NI.

## NICE – National Institute for Health and Clinical Excellence

The National Institute for Health and Clinical Excellence provides 'best' advice and guidance to medical professionals, including doctors and nurses to help improve health care on the provision of treatment and care and offers 'cost saving' advice to help GP Practices and other health providers manage 'finite' resources. Originally formed in 1999 when it was known more simply as the National Institute of Clinical Excellence. NICE publishes guidance in four areas; the use of health technologies within the NHS such as the use of new and existing medicines, treatments and procedures), clinical practice (namely guidance on treating and caring for patients with specific diseases and conditions); guidance for public health workers on health promotion and avoiding ill health and guidance for social care services and users. NICE provides an extensive interactive website and GP Practices should keep up to date with new additions to the site. (www.nice.org )

## NMC - Nursing and Midwifery Council

The Nursing and Midwifery Council, formed in 2002, took over the functions of the UKCC (United Kingdom Central Council for Nursing, Midwifery and Health Visiting) and is the regulatory body for nursing and midwifery professionals in the United Kingdom. The NMC maintains the 'annual' register of all nurses, midwifes and specialist community public health nurses eligible to work in the UK. Like the GMC for doctors, it takes the role if investing cases of alleged unfitness to practise, where professional standards are lacking. Prior to the Practice employing a nurse the Practice Manager should check the NMC Register to confirm their status Search the NMC Register, it would be helpful to request the Nurse's PIN number at time of recruitment to facilitate this. Nurses are now required to revalidate their registration every 5 years in line with doctors. Nurses that fail to keep their registration live are not indemnified to practice, therefore it is important for Practice Managers to keep a track of revalidation dates to ensure continuity of nurse provision within their team. For more information see NMC Revalidation. See also the Royal College of Nurses RCN - Home | Royal College of Nursing

## No More Silos

No More Silos is a plan, originally published by Health Minister Robin Swann in October 2020, to maintain and improve urgent and emergency care services across Northern Ireland, in anticipation of the Urgent and Emergency Care Review. Many patients who attend Emergency Departments may have urgent conditions which, while serious, are not immediately life-threatening and could be managed better by another service elsewhere. The No More Silos Programme seeks to protect Emergency Departments for emergencies, whilst providing alternative services/pathways of support for urgent but not life-threatening conditions. The goal is to achieve the 'right care first time' for every patient.

## No More Silos - Phone First

See Phone First

### No More Silos - Urgent Care Centres

Urgent Care Centres are a way for hospital and GP/primary care staff teams to work together to assess and treat patients, adults, and children, who present with illnesses and injuries which require urgent attention but are not life threatening.

### No More Silos - Rapid Access Assessment and Treatment Services

These services enable GPs to make direct appointments for patients to be seen rapidly by the right specialist (Nurse, Consultant, Allied Health Professional) for assessments, tests, diagnosis; without having to go through an Emergency Department. If required, patients will be provided ongoing support at hospital or community clinics.

## Non-NHS

"Non- NHS" is a familiar term used by GP Practices to refer to work that is not Primary Medical Services (PMS) as defined by the General Medical Services (GMS) Contracts provisions see Health and Personal Social Services (General Medical Services Contracts) Regulations (NI) 2004, schedule 4, e.g. Medical reports for the purpose of Insurance cover or claim, Police Reports, Employer/School/Welfare Body/Public Body for the purposes of their statutory functions, Medicals (HGVs). Note this list is not exhaustive. It is also important to note that some patients may not be eligible for NHS treatment Entitlement to NHS Services and can be charged for all medical treatment & prescriptions completed etc. Practices are able to request a "reasonable fee" for completion of non-PMS work. Practices that are members of the BMA can use a fees calculator to help calculate the cost of provision of the work. Practices might agree set fees for reports/letters/non-NHS patients etc.

## Northern Ireland Clinical Research Network (NICRN)

The Northern Ireland Clinical Research Network (NICRN) was established to provide the opportunity for the public and researchers in Northern Ireland to become involved in high quality clinical research studies in the areas of prevention, diagnosis, treatment, and health care delivery in the community. The Network covers all Northern Ireland with a population of 1.9 million and aims to improve the speed, quality, and integration of research into clinical care, ultimately resulting in improved patient care.

NICRN and the Eastern Federation Support Unit have come together to re-establish the Primary Care group of the NICRN. The Primary Care Clinical Lead (Dr Nigel Hart) and Research Manager will be based within the Eastern Federation Support Unit and will work closely with the officers, nurses and other groups within the NICRN. The NICRN PC works closely with the national UK Primary Care Research Networks.

## Northern Ireland Contract Assurance Framework (NICAF)

The Northern Ireland Contract Assurance Framework (NICAF) is a newly introduced governance and assurance framework for General Medical Services (GMS) in Northern Ireland, as part of the 2024/25 GMS contract. Its primary goal is to enhance stability and accountability in service delivery while aligning with the priorities identified during contract negotiations.

**NICAF Structure**: Comprises six domains with indicators requiring practices to provide evidence of compliance. This framework strengthens governance and promotes stability in service delivery.

**Clinical Care Domain**: Replaces the Quality and Outcomes Framework (QOF) and includes some services previously categorised as Enhanced Services, such as chronic disease management and monitoring of specific treatments. Funding for these activities has been incorporated into the core GMS budget.

View the GMS Contract NICAF (Annex A), Clinical Care Domain Guidance (Annex B), Working Better Together (Annex C). PICRT have developed standardised templates which practices can avail of to assist them - PICRT Resources.

## Northern Ireland Electronic Care Record (NIECR or ECR)

The Northern Ireland Electronic Care Record (NIECR) is a computer system that HSC staff use to access information regarding a patient's medical history. It is commonly referred to as ECR within Primary Care. ECR is currently still available for healthcare professionals to view information pulled from HSC systems including:

- Name, Address, Date of Birth, Heath & Care Number, Hospital numbers, GP contact details, patient contact number if recorded with GP.
- 'Encounters' – visits to hospitals, clinics, inpatient stays, Emergency Department Attendance, plus upcoming appointments
- Referral letters, discharge letters and other clinical correspondence
- Laboratory test and x-ray results
- Allergy information recorded by Hospital and GP
- Acute and repeat prescriptions recorded by GP.

Patients when attending for care either in Primary or Secondary care should be asked if they give their permission for the clinician to view their NIECR record. GPs use NIECR to check up on specific patients re outpatient appointments, a hospital letter that hasn't yet reached the GP Practice or laboratory results taken in secondary care that might help inform the GP's consultation with the patient. GP Practice staff may also be instructed to use NIECR on behalf of a GP to check specific patient's recent laboratory results for patient safety monitoring purposes. Practice Managers can request a log on to NIECR for staff and or report a fault via email supportteam@hscni.net

It Is important to note that ECR will eventually be phased out with the full rollout of Encompass and Epic Care, and that there may be more information available on EpicCare than there is on ECR.

## Northern Ireland General Practice Clinical Placement Alliance (NIGPCPA)

With the ongoing expansion of undergraduate teaching in primary care through both the roll-out of Queen's University C25 curriculum and the Ulster University Medical School, there is a need to develop an infrastructure to oversee the governance and to support the expansion of clinical education in General Practice / Primary Care.

To meet this need, the Northern Ireland GP Clinical Placement Alliance (NIGPCPA) was established. NIGPCPA is a collaborative partnership between the GP teams in the two medical schools, supported and enabled by the Department of Health. The NIGPCPA aims to support Teaching Practices and GP Tutors in the delivery of clinical education through the alignment of processes, timelines, and communications with all GP Practices in Northern Ireland.

## Northern Ireland General Practitioners Committee (NIGPC)

The Northern Ireland general practitioners committee (NIGPC) is a standing committee of the BMA and represents all general practitioners working in Northern Ireland. It considers and acts on matters affecting those engaged in general practice in Northern Ireland, including contractual matters.

Their current priorities

- Agree a GMS contract for 2025/26.
- Indemnity: to secure an indemnity solution for all GPs in Northern Ireland.
- Multi-disciplinary teams: rollout funding for the recruitment and premises necessary for MDTs across Northern Ireland.
- A new relationship with trusts: GPs needs to return unfunded work back to the trusts who are responsible for it and focus on the work that only GPs can do.
- Fixing funding.
- Premises: Trusts or the Department to take ownership of GP premises and develop an agreed process for the review of service charges including a service level agreement.

- Incentivising partnership: make greater use of federations for care and management and improve the GMS contract.
- Training: incentivise GP training, ensure full training uptake, and focus on ensuring those who train in Northern Ireland stay here to work as a qualified GP.
- Working safely: safe working should be no more than 25 patient contacts per day, which is widely evidenced in the rest of Europe. Read our guidance.
- A vision for the future: alongside a newly defined core GP offer, the Department of Health along with GP federations must examine what primary care services can be delivered at scale, easing the pressure on practices.
- Read our plan to save general practice.

## Northern Ireland Local Enhanced Services (NILES)

See Enhanced Services chapter.

## Northern Ireland Local Medical Committee (NILMC)

The NI Local Medical Committee which represents all NI GPs currently on the performers list and trainee GPs throughout their training. All qualified GPs who join as members pay a levy. Each local LMC (Northern, Eastern, Western and Southern) consists of up to 16 GPs elected on a locality basis. Elections take place every 4 years. NILMC is incorporated as a limited company. NILMC does not provide legal or financial advice and thereby excludes all liability for any loss or damage from information provided by the NILMC in circumstances where legal or financial advice ought reasonably to have been obtained. Any GP contributing to LMC's levies and on the medical performers list can be nominated for election. For more information see NILMC

## Northern Ireland Medical and Dental Training Agency (NIMDTA) – NIMDTA

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA also seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs, and having the agility to respond to regional and national requirements.

NIMDTA commissions, promotes, and oversees postgraduate medical and dental education and training throughout Northern Ireland and endeavours to attract and appoint individuals of the highest calibre to recognised training posts and programmes. NIMDTA encourages doctors to train and remain in NI so that Health and Social Care (HSC) has a highly competent medical and dental workforce with the essential skills to meet the changing health needs of its population.

NIMDTA trains clinical and educational supervisors and recommends them to the General Medical Council (GMC) for recognition of their role. NIMDTA selects, appoints, trains, and develops educational leaders for foundation, core, and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the GMC for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA is the Designated Body for doctors in training and has a statutory role in making recommendations to the GMC to support the revalidation of trainees. NIMDTA is also responsible to the GDC for the Standards for Specialty Education.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

## Northern Ireland Medical & Dental Training Agency - GP Appraisal

GP Appraisal was introduced in 2003 and has been managed and co-ordinated by NIMDTA since April 2006. Appraisal is intended to be a formative process, giving GPs the opportunity to review their performance, chart continuing progress and identify any developmental needs.

In managing the appraisal process in Northern Ireland, NIMDTA works in partnership with the DHSSPSNI and SPPG under the guidance of a Central Board of Management, which has representation from the General Practice Committee of the BMA and the Royal College of General Practitioners.

GP Appraisal has the potential to develop the individual doctor and interface with the clinical governance agenda at a practice level to improve the overall quality of GP care across the region. For further information please click HERE

## Northern Ireland Medical & Dental Training Agency - Becoming a Post Graduate Training Practice

To become a training practice at least one GP in the practice needs to undertake the Learning and Teaching Course through NIMDTA. Once the GP has completed the course NIMDTA conduct practice visits to ensure that the practices meet the requirements and formally accredit them as a post graduate training practice.

A successful visit will deem your practice an accredited post graduate training practice. Practice visits are then conducted again on the first year and every 3 years for reaccreditation.

## Northern Ireland Medical & Dental Training Agency - GP Induction and Refresher Scheme

The scheme is designed to support GPs who have left and wish to return to practice in Northern Ireland and to induct GPs to the workforce in Northern Ireland who have not previously worked in NHS General Practice. To apply GPs first need to register with the Norther Ireland Performers List and be on the GMC GP Register. The scheme is managed through SPPG and NIMDTA. For further information please contact gprevalidation@hscni.net or Louise Sands (Associate Director GP Career Development) at Louise.Sands@hscni.net or visit the NIMDTA website HERE

## Northern Ireland Medical & Dental Training Agency - GP Mentoring

Most patient interactions occur at the primary care interface with GPs bearing responsibility for providing care in an under resourced system. Being at the forefront of care provision can result in significant stresses for GPs with a significant impact on their personal and professional lives. Through feedback from GP appraisers, it became apparent that many GPs could benefit from engaging with a mentor at various stages of their career with a view to helping them navigate a course through the challenges they are facing. The GP Mentoring scheme has been designed to offer such support. For more information, please see NIMDTA website HERE

## Northern Ireland Medical & Dental Training Agency - GP Practice Payments for GP Training

GP Trainers advise NIMDTA of the account information so some of these can be paid to practice accounts to directly to the GP Trainer.

- GP Trainers will receive a CPD grant of £750 annually.
- GP Trainers receive a Trainer grant of £816.25 aid monthly while a ST2/ST3 trainee is in practice.
- GP Trainers who provide educational supervision to a GP Trainee whilst in a hospital post will receive a £500 payment per 6 months paid bi-annually.

## Northern Ireland Medical & Dental Training Agency - GP Retention Scheme

This scheme is designed to assist in retention of GPs in primary care in Northern Ireland. It provides stable work in a practice and includes some out of hours sessions with a mandatory funded CPD programme to assist with appraisal and revalidation. For further information, please see NIMDTA website HERE

## Northern Ireland Medical & Dental Training Agency - GP Specialty Training Programme

NIMDTA work to an Academic Year cycle: August – July but also have an intake that runs February – January.

The GP Training Programme is outlined as:

- GPST1 year - 2 X 6 monthly posts or 3 X 4 monthly posts
- GPST2 year - 2 X 6 monthly posts: 1 General Practice post and 1 Hospital Post
- GPST3 year - 12 months in a General Practice post

The above programme may alter if Trainees become 'out of sync' with the standard timescales, for example following a period of sick or maternity leave, working less than full time, undertaking research of leadership schemes etc.

## Northern Ireland Medical & Dental Training Agency - GP Trainee Allocation of Placements

Practice Managers are sent a survey each year to complete in relation to GP Training, to which all training practices must respond detailing their practice capacity for the incoming academic years. The capacity the practice lists on this survey informs the allocation of trainees for the following year. GP Practice allocations are undertaken each year for ST2 and ST3 trainees with a panel convened each year. Practices and trainees are informed of the assigned allocations simultaneously.

Once confirmation of placement allocations has been sent, NIMDTA can be informed of previously unknown leave, resignations, less than full time applications and deferrals so the practice's original allocation can be subject to change. Practices are allocated based on how much 'time in post' trainees spent in their practice the previous year (sick leave and maternity leave are not counted towards 'time in post'), with ST3 time ranked higher than ST2 time. Practices with the least about of time in post the previous year will be at the top of the list for a trainee the incoming academic year. ST3s are allocated first, then ST2s, then Out of Sync trainees, so depending on where your practice is on the list this determines which trainee(s) you receive.

Generally, if your practice has an ST3 one year you will be unlikely to get an ST3 the following year and instead will receive ST2s or Out of Sync trainees. Due to the volume of Out of Sync trainees your practice may receive multiple trainee allocations with differing start dates (depending on your practice capacity).

## Northern Ireland Medical & Dental Training Agency - GP Trainee Induction & Consultations

- Induction should last three days in ST2 & ST3
- Working week is ten sessions (7 clinical sessions, 1 tutorial, 2 NIMDTA training sessions).
- Expected to consult with around 70 patients per week in ST2 & 80 patients per week in ST3.
- 20-minute appointment slots, reducing to 10 minutes later by mutual agreement with GP Trainer during ST3

Trainees complete an ARCP at the end of each academic year, to progress to the next training stage they must pass these. If they do not achieve a pass, they may get an extension to their placement and the practice may be asked to facilitate this.

## Northern Ireland Medical & Dental Training Agency - GP Trainee Tutorials

NIMDTA tutorials are always organised for Thursdays and trainees must be released to attend these.

- In ST2 the Trainees have 9 regional day tutorials organised by NIMDTA they must attend, and 11 locality days organised by their programme directors or GP trainers.
- In ST3 there are 15 regional days, 10 joint speaker days and weekly locality days.

Timetables are usually provided by NIMDTA to the trainees and GP Trainers. If a Thursday tutorial is not listed the Trainees are expected to be in practice. Tutorials can also be located on NIMDTAs website - HERE

## Northern Ireland Public Services Ombudsman (NIPSO)

The NIPSO is an independent body providing an impartial and free examination of complaints about a range of public services. They have legal authority under the Public Services Ombudsman Act (NI) 2016 having the powers to investigate cases across various public sectors including GP Practices. If a Patient has contacted the NIPSO for assistance with their complaint, the NIPSO will request that the complainant has exhausted the Practice complaints process first. See website for more information NIPSO.

Patients can also choose to directly complain to BSO Complaints Department about a Practice and in turn this will be followed up with the Practice in line with BSO Complaints Policy see also BSO Complaints

## Nursing Homes & Residential Homes

There are reported to be over 11,914 patients living in Nursing and or Residential Care Homes in NI (last surveyed in 2023) and. GP Practices provide support for those patients living in Nursing Homes as well as those living in Residential Care Homes. Residential Care Homes provide accommodation and 24 hours personal care and support to those that may find it difficult to manage daily life. Residents of Residential Care Homes unlike Nursing Homes do not need nursing care. Practices are incentivised in their provision of care for Patients in Nursing Homes and Residential Homes and currently via the following enhanced service NILES Proactive GP Care for Nursing and Residential Homes Proactive GP Care for Nursing and Residential Homes.



## On-Call or Duty Doctor Arrangements

GP Practices need to have in place solid and practicable arrangements for doctors to cover the 'immediate' and 'urgent' needs of patients throughout the working day. Every Practice has a different way of working with workload split evenly by all GPs working that day. GP Practices use the following 2 phrases interchangeably On-Call Doctor or Duty Doctor. GPs work on a sessional basis e.g., AM and PM. Workload is split accordingly as decided by Partners and implemented by Practice Managers. Many Practices use Triage in the morning to enable GPs to determine what Patients need face to face appointments. On-call or Duty Doctor Responsibilities can include dealing with incoming post, electronic post, Out of Hour reports, overseeing of the signing of prescriptions and allocation of home visits.

## Open List

An 'open list' is a list of patients in a general practice where new patients are accepted without question. GP Practices are expected under contract arrangements to accept all patients requesting registration without prejudice.

## Out of Area Patients

GP Practice in NI whose patients move out of the defined practice area (agreed with SPPG and Practice) can remove patients from their practice list as they have moved "out of area". The Practice must inform the patient in writing to

register with a GP Practice in their new address area and provide them 30 days from the date of letter to do so. See GMS Regulations 2004 for more information (page 46 – Removals from the list of patients who have moved).

## Out of Hours - GP Opt Out

The introduction of the new GP Contract in 2004 enabled GP Practices to opt out of providing Out of Hours care to their patients. All NI GP practices opted out and now the SPPG assumes responsibility for the commissioning of Out of Hours Services.

## Out of Hours Services

Since 2004, GP Practices have not been automatically required to provide services out of core hours. In NI, Out of Hours Services are provided locally see NI Direct GP Out of Hours. This is for those patients needing urgent medical care when the GP surgery is closed. GP out of hours services are:

- 6.00 pm on weekdays until your GP surgery opens the next morning.
- 24 hours on Saturday and Sunday
- 24 hours on public holidays

A report from Out of Hours is sent electronically to the patients GP Practice following each engagement thus providing continuity of care and patient safety also enabling any follow up by the GP that may be appropriate.

It is the responsibility of the GP managing a Palliative/End of Life Care patient to ensure that Out of Hours are contacted with any handover of information. This can be communicated either by the GP at the end of day using the OOH telephone number or via the administration team in hours for your area.

## Oxygen Therapy Equipment / Service

GPs can prescribe oxygen cylinders and oxygen concentrators for use by patients in the home. The home oxygen service is no longer provided by local pharmacies but by national contractors, under regional contract arrangements. Requests for supply are made using a HOOF Form, which is submitted to the appropriate contractor. See BSO website for forms and more guidance Home Oxygen Services

# P

## Palliative Care – 'end of life' care

What is Palliative Care?

Palliative care, as defined by WHO is the active, total care of the patients whose disease is not responsive to curative treatment. It takes a holistic approach, addressing physical, psychosocial, and spiritual care, including the treatment of pain and other symptoms. It is interdisciplinary in its approach and encompasses the care of the patient and their family and should be available in any location including hospital, hospice, and community.

Palliative care principles

- Affirms life and regards dying as a normal process.
- Provides relief from pain and other distressing symptoms.
- Intends neither to hasten or postpone death.

- Supports patients to live as actively as possible until death.
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Integrates the physical, psychological, and social and spiritual aspects of patient carer.
- respects the person autonomy and choice.

*(World Health Organisation, 2009)*

When should palliative care be introduced?

- When a patient becomes symptomatic of an active, progressive, incurable disease (including physical, spiritual, and psychological difficulties)
- Should not be withheld until such time as all treatment of the disease has been exhausted.
- Should be regarded as complementary to the active treatment of the underlying disease.
- Should be integrated in a seamless manner with other aspects of care.

End of life care

Refers to an important part of palliative care and usually refers to the management of patients during the last few days or weeks, from a point at which it becomes clear that the patient is actively dying of their disease *Living Matters, Dying Matters Strategy (2010)*

Generalist palliative care

General palliative and end of life care is delivered by multidisciplinary teams in community care setting. *RQIA, 2016*
The central role is the GP and district nurse supported by the community services.

Role of the generalist

- Assess the care needs of each patient and their families across the domains of physical, psychological, social spiritual and information needs.
- Meet those needs within the limits of their knowledge, skills, competence in palliative care.
- Know when to seek advice from or refer to specialist palliative care services.
- Respect the persons autonomy and choice of treatment and preferred place of care.
- Signpost to appropriate services, co-ordinate care across boundaries primary, secondary, and voluntary agencies
- Ensure good communication between the patient, carer/families, and healthcare professionals.

GP Practices are expected to keep a register of patients who require palliative care. Guideline for patient identification can be gained from Gold Standard Framework (GSF) and Supportive and Palliative Care Indicators Tool (SPICT).

Practices should meet at least quarterly with community nursing staff i.e., District Nurses, Northern Ireland Hospice Nurses and Community Macmillan Nurses who are providing direct care to these patients. Information from these meetings, care plans and Advance Care Plan Summaries can be uploaded onto ECR via the Key Information Summary (KIS). In addition, Practices should ensure that 'out of hours' service are aware of patients requiring on-going treatment and care.

Specialist Palliative Care

Specialist palliative and end of life care is the management of unresolved symptoms and more demanding care needs including complex psychosocial, end of life and bereavement issues. *RQIA, 2016*
Specialist palliative care is for patients with moderate to high complexity of palliative care needs.

Referral criteria include:

- Unresolved complex physical, emotional, social, or spiritual symptoms despite previous interventions AND/OR

- patient/carer in need of specialist end of life support including terminal care and bereavement services AND/OR
- a need for specialist palliative rehabilitation with clear functional goals AND/OR
- a need for a proposed period of respite provided by specialist palliative care in the case of emergency/crisis situations.

Referrals to Palliative Care can be made via CCG.

- Click on your Trust area. Choose either.
- 'Community Specialist Palliative Care Services' for the local providers of Palliative Care Nursing Service
- or 'Specialist Palliative Care Unit/Hospice' available for inpatient or outpatient services.

If the referral is clinically urgent, the referrer should make telephone contact to the service provider in addition to submission of the referral form. Urgency of response is based upon the written information provided by the referrer.

Palliative Care Advice

| Health and Social Care Trust | In hours 9-5pm Monday to Friday Contact numbers | Out of Hours and Bank Holidays Contact Numbers |
|---|---|---|
| **Southern** | 02837560592 | Craigavon Area Hospital switchboard 0283833444 |
| **Western** | Foyle Hospice 02871351010 | 02076663413<br>5pm to Midnight<br>Monday - Friday<br><br>9am to Midnight Saturday, Sunday, and Bank Holidays<br><br>Or Foyle Hospice 24/7 Support |
| **Northern** | Macmillan Unit Antrim<br>028 94424000 | Antrim Hospital switchboard<br>02894424000 |
| **South Eastern** | 02890564710 | |
| **Belfast** | 02896151900 | 02896151900 |
| **Marie Curie Hospice** | 02890882010<br>9-5pm Monday to Friday | See Belfast Trust |

## Partnership Agreement

Without a formal 'partnership agreement' a medical practice would be regarded as having a 'partnership at will'. There are, however, risks for members of a partnership at will where after a retirement, resignation or death of a member it might not be straightforward to resolve the share of any property or financial interests. The General Practitioners Committee of the BMA offer extensive advice on the content of 'partnership agreements' and strongly recommends that "that all partnerships have a written, up-to-date partnership agreement signed by all partners at the commencement of the partnership which is always updated on the admission of a new partner". Research suggests that there may still be many partnerships that do not have a formal agreement and need to resort to the Partnership Act 1890 for guidance.

Ideally, a partnership agreement needs to cover the following subject areas:

- Resignation

- Retirement
- Dissolution of Partners
- Expulsion of partner
- Arrangements for Drawings, sharing of private income, and taxation liabilities.
- Arrangements for Bank Accounts, signatories to payments and the appointment of accountants
- Partnership shares of drawings and capital assets
- Suspension
- Sabbatical Leave
- Non-GP Partners
- Duties of Partners
- Partnership decision making
- Partnership Meetings
- Confidentiality
- Partnership disputes
- Severance
- Ownership of Premises
- Annual leave, maternity and paternity leave, absences for study leave and sickness absence cover.
- Appointment of Locums
- 24-hour retirement, and seniority of partners
- Appointment of clinical and non-clinical staff

The BMA offer a model agreement and guidance BMA

Under the NICAF, practices are required to have a current, signed Partnership Agreement in place by **April 30, 2025.**

## Paternity Leave

Employees whose partner is expecting a baby may be entitled to take up to 2 weeks' paternity when the baby is born (see links below to check eligibility). The employee may also be entitled to Statutory Paternity Pay. There are provisions too for Shared Maternity/Paternity Leave known as Parental Leave lasting up to 1 year. For further information NI Direct Paternity-leave and the LRA website Maternity and Paternity Leave

## Pathology Results

Pathology results are received directly into the GP clinical system and allocated to the doctor named on the request form. The named doctor should process the report, mark, or take any action required and file the report. Practices should monitor that reports have been read and acted upon and appoint deputies to deal with reports where doctors are absent.

## Patient Group Directions

Patient Group Directions (PGDs) written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. GP Practices should have policies and processes in place to consider all options before a service is designed or commissioned using PGDs. Normally, a PGD would be used by the practice nursing team, Pharmacists with a nominated nurse keeping a set of relevant directions up to date. As a result of vaccination pressures caused by the COVID-19 pandemic, PHA clinicians are now also authorised to administer certain vaccinations under a PGD. More information can be found on the Primary Care Intranet PGDs – Primary Care Intranet (hscni.net)

## Patient Specific Directions

Patient Specific Direction (PSD) is a written instruction, signed by a prescriber for medicines to be supplied and or administered to a named patient after the prescriber has assessed the patient on an individual basis. In some cases, Health Care Assistants can use PSDs to administer B12 injections as prescribed by GP. Other examples might be Nurses in Nursing Homes and or Trust Treatment Rooms may require PSDs from Patient's GP before they can administer seasonal vaccinations. For more information see Primary Care Intranet PSDs

## Patient Surveys

Since 2004, the GMS Contract has had several variations of patient surveys that are contractually required. The Department of Health Contract Rollover Documentation sets out any specific patient survey requirement in the coming year. NICAF continues to include a patient communication requirement under the Access Domain. Specific requirements for this 2024-25 are still being worked through by the Department and SPPG and will be communicated in due course with a potential requirement to upload evidence within the GPIP Contract Tool.

Another example of patient surveys relevant to GP Practice are those that are self-funded by GP Practice for the purposes of good Clinical Care and are available through third party SMS text services e.g. AccuRX, called Floreys.

## Patients and Client Council

The Patient and Client Council (PCC) was created in April 2009 as part of the reform of Health and Social Care in NI, acting as a powerful, independent voice for patient, clients, carers and communities. For more information and legal framework behind PCC see PCC. The PCC have 5 statutory functions:

- Represent interests of public by engagement with health and social care organisations
- Promote involvement of patients, clients, carers and communities
- Provide assistance to individuals making or intending to make a complaint relating to health and social care.
- Promote the provision of advice and information to the public about the design and commissioning of health and social care services.
- Undertake research and conduct investigations.

## PAYE – Pay as You Earn

PAYE or pay as you earn is the system of deducting tax from employers through their salary. After taking into account Personal Tax Allowances, the Inland Revenue (HMRC) issue a tax code to employees which must be brought into use as soon as possible after receipt by an employer. Notifications of and changes to Tax Code are now received from HMRC by internet messages via the Government Gateway that can automatically update the GP Payroll Software. (www.gov.uk)

## Payment Calculation & Analysis System (PCAS)

This system was similar to the English QMAS system. It operated as a single, NI-wide IT system that provided GP practices and the SPPG with objective evidence and feedback on the quality of care delivered to patients in conjunction with the Quality Outcomes Framework (QOF).

The system showed how well each practice was performing, measured against national achievement targets detailed in the General Medical Services (GMS) contract, which outlined the working framework for GPs and the basis for their financial rewards. As GP practices were financially rewarded based on the quality of care provided, it was essential that the payment rules underpinning the GMS contract were consistently implemented across all systems and practices in the UK.

In July 2022, PCAS was replaced by GPIP-QOF

## Payroll

As an employer GP Practices need to be able to pay their employees and meet the requirements of HMRC for the submission of PAYE information each month and make annual returns. Similarly, GP Practices need to be able to manage the automatic right to membership for their staff of the HSC Pension Scheme. There are two main options for running a payroll, namely, to use payroll software or to employ a payroll agency. Some Practices use their accountant to undertake payroll duties. The main software providers for payroll software are Iris GP Payroll and Sage Payroll 50. (Iris, Sage Instant Payroll) (Additional providers are: Payback and Xero)

## Personal Expenses (GP)

GPs need to keep a record of their own personal expenditure that is incurred and not paid for by the Practice. Here is a list (not exhaustive) of payments that might need to be taken into account in their own tax returns and personal accounts:

- British Medical Association – membership fees
- Computing Services – home expenses such as Wi-Fi, telephone lines
- Educational expenses; course fees, books, and journals, travelling and subsistence expenses.
- Equipment and Instruments – including the contents of medical bag.
- General Medical Council – annual retention fees
- Home office expenses
- Locum expenses (to cover parental, maternity, paternity, and sick leave)
- Medical Defence Union – annual indemnity fees
- Medical Protection Society – annual indemnity fees
- Motor Car expenses, petrol, servicing, road tax, car insurance, valeting, parking fees, road recovery membership (Doctors are advised to keep a mileage log)
- Salary expenses – personal staff (wife or spouse)
- Sickness Absence Insurance – annual premiums
- Telephone – mobile and home phone expenses practice related.

Doctors are advised to retain all receipts for expenditure for submission to their Accountant, who may not necessarily be the Practice's accountant. Many medical accountants' websites give advice on personal expenses and what to include.

## Petty Cash

GP Practices will both receive cash (and cheques) and need small amounts of cash to buy refreshments, coffee, tea and milk etc. Practices should ensure that receipts or vouchers are kept for all purchases and that incoming and outgoing cash are kept separately. It is unusual for Practices to pay for small purchases by cheque and small businesses do not normally have 'debit cards'.

## Phlebotomist and Phlebotomy

Some GP Practices employ a phlebotomist or Health Care Assistant to take bloods from patients requiring a pathology test. The cost of employing the phlebotomist may be borne by the practice or funded by the Clinical Commissioning Group. Examples of Job Descriptions can be found in the Resources section Practice Index.

## Phone First

See No More Silos

All Trusts now operate a Phone First System for Minor Injury Units.

The Phone First service is designed for patients who are feeling unwell and considering travelling to an Emergency Department with an injury or illness which requires urgent treatment but is not immediately life threatening.

When patients call the 'Phone First' service, a health care professional will clinically assess their condition. They will then make arrangements for the most appropriate urgent care service for their needs.

This may mean arranging an appointment at their local Urgent Care service or Minor Injuries unit, organising rapid tests or assessment, redirecting you to them to their GP, GP Out of Hours or providing advice.

Numbers for patients to contact:

**BELFAST TRUST**

02896 159444

**SOUTH EASTERN TRUST**

02891 510110 (Ulster Hospital & Lagan Valley)

02844 838091 (Downe Hospital)

**NORTHERN TRUST**

0300 123123

**WESTERN TRUST**

0300 0206000

**SOUTHERN TRUST**

0300 123111




## Pneumococcal Vaccinations

See Vaccinations

## Policies, Procedures and Protocols

The NICAF is responsible for the rapid development of written' documents on the form of policies, procedures and protocols. The definition of the documentation can be summarised as follows:

Policies:

Policies set out the overall approach of a Practice on a given subject. The document would show principles, rules and guidelines along with the name or names of responsible or lead persons and be dated along with a review date.

Procedures:

Procedures are logically written strict rules and process for carrying out a specific task.

Protocols:

Protocols have their origins in and tend to be associated with information technology. A clinical protocol is a document with the aim of guiding decisions and criteria regarding diagnosis, management, and treatment in specific areas of healthcare.

In short in addition to Human Resource Policies, the documentation will cover 'clinical' issues and 'administrative' issues over an increasing subject range. Often it is easier to keep prescribing protocols in one place – as there is a huge number alone for that one area.

- **Human Resources Policies** e.g., Disciplinary Procedure, Grievance Procedure, Induction, Staffing, Recruitment, Whistleblowing, Annual Leave, Sickness and other leave, Access NI checks etc.

- **Clinical Policies** e.g., Blood Pressure checks, Cardiac Event Monitoring, GP Medication Reviews, Emergency Stock Drugs, Mental Health Clinics, Novel Oral Anticoagulant (NOAC) Initiation & Ongoing Monitoring Protocol, Decontamination Policy, Safeguarding Policy, Infection Control Policy, Chaperone Policy
- **Administrative Policies** - Ambulance Bookings, Registrations, Claims, Booking and Payment of Locums, Computer Back up and IT Security, Collection of Scripts, Issue Medication Guide, Making Appointments, Confidentiality, Equipment Maintenance, Handling Post, Baby Clinics, Petty Cash, Scanning Policy, Business Continuity Plan, Summarising Notes Policy, Safety Alerts Procedure, Reporting Deaths Procedure, Significant Events Procedure, Complaints Procedure
- **Prescriptions Policies** – Repeat Prescriptions, Acute Prescriptions, Medication Letters, Printing Stored Scripts, Prescription Security, Medication Synchronising, Patient Pharmacy Consent Nomination, Discharge Letters, Prescription Ordering, Cancelling Deleted Scripts, Pill Mills, Control Drugs

In addition to the above, a Practice should have a set of Job Descriptions for all staff, and it is recommended to provide Handbooks or Manuals for new staff, GP Registrars, Induction Training and Salaried GPs.

For examples of Policies, Procedures, Protocols and Handbook refer to PICRT Resources or Practice Index

## Portable Appliance Testing – PAT testing

Portable appliance testing (PAT) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. Most electrical safety defects can be found by visual examination, but some types of defects can only be found by testing. The Health and Safety Executive advises that 'The Electricity at Work Regulations 1989, Provision and Use of Work Equipment Regulations of 1998 and the Management of Health and Safety at Work Regulations 1999, requires that all employers maintain portable electrical through regular maintenance and periodic testing. There is no specific period in law and a balanced approach is advised in which it is guided that visual checks be completed in the workplace on a regular basis e.g., 3 monthly, to check for frayed cables, damage and other wear and tear. It is recommended that PAT Testing for electrical items in offices should be completed every 12 months. Note there are 3 different classes relevant to help inform what electrical equipment needs PAT tested and when see PAT Testing Classes. It is likely that a GP Surgery will have a large range of electrical equipment from desktops, monitors, scanners, photocopiers, fans, electric heaters, kettles, fridges, microwaves and cookers. Equipment tested should show a date last tested sticker. For more information see HSE

## Practice Accounts – Annual

GP Practices produce annual practice accounts to establish the annual tax liabilities of the partners. The accounts will show the assets and liabilities of the Practice on a Balance Sheet and the receipts and payments of the Practice on Income and Expenditure Accounts. The partners will each have a Capital Account which will show their share of the income and expenditure of the Practice and any share of any profit (or loss) in a Profit and Loss Account. The accounts will show superannuation contributions but not necessarily all personal income and expenditure. GPs who are self-employed will also have to prepare personal tax returns and declare all income and expenditure directly associated with the Practice that is not mentioned in the main accounts. Personal Tax Returns must be submitted to HMRC by 31 January of each year along with payment of Tax owed and then a Payment on Account amount due also on 31 July of the coming year. Under a new initiative Making Tax Digital, from April 2026 all taxpayers who file income Tax Self Assessments for business of more than £50,000 a year will have to do so digitally. Accountants are gearing up to get ready for this date.

## Practice Area Boundary

The GP Practice area is agreed by SPPG. SPPG must ensure that all of NI is covered by the areas of GMS contractors, and each household should fall within the areas of at least 2 or preferably 3, GMS contractors to facilitate patient choice. Where *exceptionally* there is potential for coverage by only one Practice Registration Area, consideration would be given to the size and capacity of the remaining practice, including the numbers of GPs, and choice of male

and female GPs. SPPG will consider the application bearing in mind the responsibilities to ensure that there is appropriate level of locality coverage, a conformance to equality legislation and that there is equitable treatment of contractors.
Current Patients cannot be removed from the list for reason of new practice boundary. Practices must retain all current patients and accept any partners and dependents of these current patients (residing at the same address), until such time as the patient moves to a new address outside of the practice's new area.
In order to ensure good quality general medical services and urgent care (including domiciliary visits) a Practice Registration Area would not normally extend beyond a 10-mile radius. Practice Registration Areas should be circular where possible. Straight lines, combination of radii and geographical features can be included where it is considered that these improve the practical provision of services. Electoral Ward Boundaries can also be considered. For more information and a PRA1 form to pursue a change to Practice Area Boundary see Primary Care Intranet.

## Practice Based Learning

Practice Based Learning (PBLs) is a time set aside by all members of the Practice team during core-hours to undertake training. This may be attending online or in person Federation run training for clinical and or administration staff. Or it may also be in-house training that the Practice has organised directly themselves e.g. CPR, Fire Awareness, GDPR update or to conduct a Practice Meeting. Some Federations have procured access to Learn HSCNI where practice staff can avail of training which all employers should provide staff as a statutory requirement.

## Practice Improvement and Crisis Response Team (PICRT)

The Practice Improvement and Crisis Response Team (PICRT) was an initiative established in 2018 by Eastern Federation Support Unit (EFSU), in response to a vulnerable and fragile, General Practice in primary care. Since its inception, the need for the service provided by the PICRT has not diminished. General practice remains under pressure. There are several reasons, including an ageing population and increase in chronic diseases, in the context of a limited GP workforce.

The primary objective of the service is to support practices identified as 'at risk' of collapse to develop and implement an effective Practice Recovery Plan (PRP). This PRP ensures the practice remains viable and sustainable. The PICRT has demonstrated huge success in ensuring continuity of General Medical Services for the registered patients of these practices. In addition to the PRP, where an at-risk practice is facing recruitment challenges, this service can supply salaried GP locums at the market rate, to provide clinical cover in the practice.

The primary reason for referral is the challenge practices are facing to recruit GP clinical staff. With PICRT intervention, the practice can receive GP clinical support, whilst also improving the practice to make it more attractive for GPs to accept a permanent job in it.

Referrals are received from the Strategic Planning and Performance Groups (SPPG) local offices. Once the practice is referred, the PICRT managerial team and Clinical Lead arranges an initial meeting with the at-risk practice. They will make an assessment which helps formulate a short-medium term plan to keep the practice's services in place, while seeking to design a longer-term strategy to stabilise the practice.

Generally, the PICRT will assist practices for a period ranging from 3 to 12 months, based on the evaluated needs. There is an active review of the support given to practices to ensure practices are progressing with their recovery plan.

**Process overview:**

- **Referral from SPPG:** LMC / Federations can direct practices for referral by SPPG to PICRT.
- **Initial Assessment:** Initial Assessments take place either via Zoom or face to face. An initial report from PICRT is produced.
- **Information Gathering:** Practice will be asked to complete PICRT forms which will aid in providing our team with all the relevant information.
- **Recovery / Action Plan**: Practice recovery plan / Action plan will be discussed with the practice and agreed.
- **Plan sent to SPPG**: After agreeing the recovery plan, this will be finalised and sent to the practice and SPPG.

PICRT Resources provide protocols and policies utilised in GP practices throughout Northern Ireland. Practices are free to avail of these and customise them to meet the specific requirements of their practice.

## Practice Shared Drive

An internal communications and data storage system in a general practice can prove a vital tool to build information in the Practice and to provide a method of communication and an internal network for contacting each other that is separate from the HSC email system and message systems provided within GP clinical systems. Intranets can be used to store policies, protocols and procedure, to provide links with useful websites, and to store model 'standard letters' for use in the Practice. Many Practices also use a "Shared Drive" facility that is offered by the Clinical System provider as an alternative option to a Practice Intranet, as it offers a similar storage facility for Practice documents. The Shared Drive is also backed up by the clinical system. SPPG hosts a Primary Care Intranet for all reference information, communications which is invaluable for GP Practice.

## Practice Leaflet

GP Practices are required within the GMS Contract to provide an up-to-date Practice leaflet for their patients. Practice Assurance Appendix 8 sets out what should be included in a Practice Leaflet. It is good practice that the content of a practice leaflet is mimicked on the Practice based website. See NICAF

## Practice Manager

GP Practice Managers work in medical practices that vary in size from single handed to multiple Partners. Practices can comprise of one surgery or more than one surgery and are located in cities, towns and rural areas. Some practices have only one surgery whilst others have a branch surgery and a dispensary or adjacent pharmacy. Some premises are owned by the practice whilst others are rented or leased. The day-to-day work of the manager involves dealing with complaints, running a payroll, to keeping practice accounts and making complex NHS claims for payment. Having an eye on the ball and being a jack and master of all trades in the daily lot of the modern GP Practice Manager. Practice Managers can join local groups or networks of practice managers if available in their area. Help and advice can also be sought from a number of websites, which include Practice Index which is free to join and offers a forum, resources and information about suppliers, albeit not NI specific, alternately another useful website is First Practice Management again at an annual cost which enables you to download various protocols and policies. New Practice Managers may also benefit from specific Practice Manager Training e.g. AMSPAR offer a series of Diplomas and Certificate for Practice Managers and practice staff. Within NI, Practice Managers networking groups have been established to support the role. These are invaluable for the sharing of information and also for supporting each other with specific areas of challenge, for more information contact your local GP Federation or your Practice Support Manager at SPPG who can signpost how to join these local networking groups.

## Practice Meetings

GP Practices should have firm arrangements to meet regularly. However, practices are constituted in different ways and the balance between 'owners' of the Practice and self-employed and employed or salaried doctors may differ considerably from place to place. Inevitably, Practices have to organise meetings to accommodate different factions. There may be a partnership (owners) meeting to deal with administrative and management issues, including the property. There may be a clinical meeting involving all doctors (and nurses) working in the Practice. There may be staff meetings with or without a doctor present. Salaried doctors unless 'partners' may not take part in 'Partnership' meetings. However, salaried doctors and GP Registrars may attend partnership meetings as observers. In a sense attendance at meetings tends to be fluid. Meetings are often time constrained using 'dedicated' time maybe once a week when the 'do not disturb sign' is raised except for emergencies for the on-call doctor. Agendas and minutes are prepared and often because of the time constraint discussion is limited to items on the agenda.

## Practice Support Manager

Each Practice is assigned a Practice Support Manager (PSM) who is employed by the Strategic Planning and Performance Group. They are the first point of contact for the Practice to signpost, guide, and support in all areas of the implementation of the GMS Contract including:

- Premises – Rental reviews, Improvement Grants etc.
- NICAF, year-end sign off.
- Contract – Registration queries, general queries, mergers/closures, boundaries etc.
- Enhanced Services - Claims, service delivery, support in document submissions, data returns etc

They also conduct an annual Review which is a face-to-face meeting with the Practice Manager and Lead GP Partner to confirm that requirements are being met. Each year the SPPG will focus on different areas of which they will require evidence of during the annual visit.

## Practice Website

GP Practices can 'promote' and provide 'information' about the services they provide. A surgery website in the first instance is simply a reflection of the Practice Leaflet. However, with the development of the 'internet' and 'web-based servers, Practices can now offer patients access to repeat prescriptions, to book appointments. The Website is used to promote services provided by the practice, information on team members, location, opening times etc.

There are a number of commercial software companies providing 'ready-made' formats for creating and running practice websites and who charge annual support fees. The most common website providers used by GP Practices in NI are My Surgery Website, Genpra and Oldroyd Publishing Group Ltd. Care should be taken when Practices are selecting a website to ensure that it compatible with the Clinical System for online access to appointment bookings and repeat prescription ordering. Some Practices with technical knowhow have created their own websites, using packages such as WordPress.

## Premises

### Premises - Cost Rent Scheme

The Cost Rent Scheme was a provision no longer available which made 'rent' payments to GP Practices that had been built from scratch or substantially rebuilt. The scheme was so called because it calculated a 'rent' based on the cost of a building project, including the land. It included architect and planning fees, along with interest charged on loans before the project was finished. At the time the cost rent scheme was available mortgage loans were available at high interest rates and Practices have been reluctant even after 10 years to revert to a Notional Rent although they may have changed their mortgage arrangements and reduced interest payments.

### Premises - Notional Rent

The concept of 'notional rent' is detailed in the Health and Personal Social Services (NI) Order 1972, later updated in the Health and Personal Services (GMS- Premises Costs Directions) NI 2015. This legislation saw the introduction of the Rent and Rates Reimbursement Scheme. In short, SPPG pay a 'rent' to GP Practices arguably for the use of GP Practice Premises by the NHS. GP Surgery premises can be owned, rented or leased by a Practice. The 'notional rent lease is to be for a term of 15 years with rent reviews every three years (but subject to the assumption that if the rent falls as a result of such a review it does not fall below the level of the rent initially charged). Notional rent leases should be exclusive of rates (these however can be claimed back from SPPG under Rate Reimbursement Scheme). See GMS Premises Costs Directions 2015 (health-ni.gov.uk) for full details.

## Prescription Terminology

A breakdown of examples of abbreviations that might be found on Prescriptions can be found in Appendix 4

## Primary Care Intranet

SPPG hosts the Primary Care Intranet. It is the first point of reference for all communications, policy documents, specific instructions, guidance, and legislation regarding Primary Care delivery.



## Quality Outcomes Framework – QOF

The Quality Outcomes Framework (QOF) was a system designed to remunerate general practices for delivering high-quality care to patients and to fund further quality improvements in healthcare. It formed a key component of the General Medical Services (GMS) contract. Under QOF, practices were assessed and rewarded through a points system based on their achievements across various domains, such as managing chronic diseases (e.g., asthma and diabetes), addressing major public health concerns (e.g., smoking and obesity), and implementing preventative measures like regular blood pressure checks.

QOF also incorporated the concept of exception reporting, ensuring practices were not penalised for patient characteristics beyond their control. Each year, the Department of Health issued updated business rules to guide practices on datasets, patient eligibility, and performance indicators.

In July 2022, the Payment Calculation & Analysis System (PCAS), previously used to measure QOF performance, was replaced by GPIP-QOF. This financial and reporting tool, developed by the Strategic Planning and Performance Group (SPPG) and the Business Services Organisation (BSO), allowed practices to monitor their achievements through interactive dashboards, track progress against targets, and identify opportunities for further improvement.

As part of ongoing contractual changes, QOF has now been replaced by the Northern Ireland Contract Assurance Framework (NICAF). This new framework shifts focus from the previous QOF indicators to a broader and more robust set of contractual requirements aimed at ensuring the consistent delivery of high-quality care while addressing the evolving needs of patients and practices. Practices are encouraged to familiarise themselves with NICAF and its requirements, which represent the next step in the continued development of general practice quality standards. For further guidance, practices should liaise with their SPPG Practice Support Manager.

## Queens University Belfast

See Medical Student Placements

# R

## Rapid Access Assessment and Treatment Service

See No More Silos

## Read Codes

GP Computing has its origins in the 1970's when technically minded GPs used such computers as BBC Acorns to prepare programs to print repeat prescriptions. In the early 1980's Dr John Read originally created a set of around 100 codes to aid the enable the recording of clinical data in computerised medical records. By 1988, the Royal of General Practitioners and the British Medical Association recommended the adoption of 'Read Codes' for general practice computing. Read Codes have developed significantly since then. Quality Outcomes Framework and NHS Commissioning would not have been able to succeed without an extensive clinical coding system. Read Codes became crown copyright however secondary care use different coding and therefore with a drive to move to single terminology, read codes are they are to be replaced by a merged system of Read and SNOMED Codes. SNOMED is an American system of coding of clinical terms. See SNOMED. This project is part of the GP IT Modernisation Programme GP IT Modernisation Programme, led by BSO ITS.

At times your clinical system provide may update, change or introduce new read codes, but they will merge and migrate your existing codes for you and patient records will not be affected.

## Record Keeping

Accurate record keeping has become a key element of making claims for payment under modern GP contracts and the development of clinical coding has meant that health data can be collected and monitored only for payments purposes but to aid health needs assessments. Harold Shipman notoriously altered past computer records and GPs need to be careful not to amend or change old entries to claim payments,

Here are 'ten' commandments to consider and remember when training staff or discussing the quality of medical record keeping in a GP Practice:

- Type 'free text' spelling words legibly.
- Make sure all entries are dated and timed.
- Record the name of the consultor and those present at a consultation.
- Do not use 'abbreviations' in free text, use clinical coding as extensively as possible.
- Do not alter any entry or disguise an addition.
- Do not use offensive language or make any personal or humorous comments.
- Check everything that is entered on your behalf.
- Scanned Letters and Reports should be read, evaluated and actioned where necessary.
- Do not destroy any clinical records unless legal to do so. (See Retention of Records)
- Make sure you know and understand the law on records.

The GMC and the BMA websites offer extensive advice on record keeping.

## Recruitment Practices

As employers GP Practices are required by law to ensure that 'recruitment' of doctors, nurses and staff complies with Equality legislation see Equality Commission NI. Practices should have in place 'open' policies and procedures

for dealing with the advertising of vacancies. There should be a clear and transparent process to advertising a vacancy in the Practice to all potential applicants and careful records should be kept of applications received and shortlisted for at least 12 months. Practices should ensure that a common standard of questions are used at interviews and careful records are kept of answers given and factual answers at interview without prejudice, inappropriate remarks or comments. Practices are required to register with the Equality Commission if they employ more than 10 full-time employees, ("Full Time" includes those employees who normally work 16 hours or more each week) are also required to:

- Monitor the community background of employees.
- Submit an annual monitoring return.
- Complete an Article 55 review (at least once every 3 years)
- Have regard to the Fair Employment Code of Practice
- Take Affirmative Action.

GP Practices should ensure that the credentials of new staff or clinicians are checked carefully with their registration body and that written references are obtained. An appropriate Access NI check should be carried out if necessary. Staff files should be set up and kept in chronological order, along with records of annual leave, sickness and other absences. A signed copy of the contract of employment should be kept, along with evidence of qualifications and training records. A record of annual appraisals should also be kept.

Examples of Recruitment Policies can be found in the Resources section of Practice Index.

GP Practices may consider applying for a sponsor licence from the Home Office if they are struggling to recruit Medical Practitioners, Nurses, and allied health professionals. A sponsor licence enables an employer to employ a foreign national who is not a settled worker or otherwise does not have immigration permission to work in the UK (this includes EU, EEA, Swiss Nationals who arrived in UK after 31 Dec 2020). There are reduced Visa fees for Health and Care Visa's and their partners and dependents which makes this scheme attractive to those foreign nationals seeking employment in NI, as well as the family being exempt from paying the Immigration Health Surcharge annually. UK Visa and Immigration Service will prioritise Health and Care Visa applications called Fast Track entry. For more information see Health and Care visa: guidance for applicants - GOV.UK (www.gov.uk) along with Sponsorship guidance for employers and sponsors. Note there are fees associated with becoming a Sponsor and important reporting requirements see Visa Sponsors Licence Fees.

GP Practices also utilise Temping Agencies to help support with admin gaps that arise out of sickness and maternity leave. Good induction Training Plans are key for new staff joining GP Practice regardless of Clinical or admin roles. Care be taken to provide a planned induction prior to start always provides a better experience for all new staff.

The BMA can offer advice to GP BMA members and their Practice Managers on employing staff and salaried GP as well as salaries.

## Red, Amber List

The Red Amber List is a list of specialist medicines as guide for practitioners in both Primary and Secondary care. It provides professional guidance on where prescribing responsibility should lie for these specialist medicines thus ensuring clinicians make an informed choice with regard to their prescribing thereby facilitating access to these medicines by patients throughout Northern Ireland. The Red Amber List was introduced in 2003 to enhance patient care and promote safety in the prescribing, supply and administration of specialist medicines. The Regional Group on Specialist Medicines, a subgroup of the Strategic Planning and Performance Group (SPPG) Medicines Management Forum is responsible for the Red Amber List – Interface Pharmacist Network Specialist Medicines (hscni.net)

## Red Flag Referrals

One of the main tasks of a primary care doctors is to marginalise the risk of missing serious illness. To achieve this, they can look for red flags which are clinical indicators of possible serious underlying condition. Red flags are signs and symptoms found in the patient's history and clinical examination that might indicate cancer or other life-threatening disorders.

Within the NICAF 24/25 contract (Sustainability Domain). The Practice is required to review its own CCG Referral Data. Red flag, urgent and routine referrals.

## Registrar of Births and Deaths

General Register Office Northern Ireland (GRONI) holds civil birth, adoption, death, marriage and civil partnership records registered in NI.

## Registration of Patients

Currently new or returning patients to Northern Ireland register with a GP Practice by completing an HSCR1 form. Patients already registered in NI and within the catchment area of another GP can register by completing a new patient registration form (HS200) or providing a current medical card to the new practice along with proof of ID and address.

Once the patient provides their completed form along with satisfactory supporting documents, the patient is registered on surgery clinical system and should be able to access all GP services. Registration or documentation queries should be directed to registrationlinks@hscni.net.

Proof of lawfulness is always required to allow BSO to complete the registration along with proof of entitlement for visitors - see BSO website for more details.

Often GP Practices create their own Practice Registration Form for new patients to help collate Patient information and a basic medical summary of any medical conditions they may have as well as repeat medications issued by former GP Practice. In the absence of GP2GP and the electronic share of the medical record, this proves helpful for a GP should medications need prescribed in the absence of the medical record being shared. The birth of a newborn is the responsibility of a parent to register the baby with GP and must be registered by law within 42 days. An Infant Registration Card HS123 is issued by the registrar with the birth certificate to enable registration with a GP. Note for safeguarding of the child, children are usually registered with either Mum or Dad's GP. Medical cards are issued upon successful registration.

## Removal from Doctors List

Doctors and GP Practices retain the right to instruct removal of a Patient from their Practice Patient List for one of the following reasons (see GMS CONTRACT REGS 2004).

- an irrevocable breakdown in the relationship between the patient and the doctor. Can facilitate a removal within 8 days from written notification of removal to Patient and BSO.
- The Practice is expected to send a warning letter to patients first and not to remove patients without good reason as it may be challenged.
- Patients are also removed from a GP list where there is no evidence of their entitlement to access publicly funded health care.
- Patients can also be removed from a GP List if the surgery advises that the patient resides outside the normal practice catchment area – the surgery are required to advise patient of this removal in advance.
- A patient has committed an act of violence against a doctor, member of staff, contractor working on behalf of GP Practice, member of the public on GP Practice Premises. In this instance the act of violence must be reported to police and a crime reference number be obtained and held for Practice records. The Patient's removal takes immediate effect after BSO has been notified.

It is imperative that that the GP Practice's decision for removal does not relate to the Patients race, gender, social class, marital status, age, religion, political opinion, sexual orientation, appearance, disability, medical condition or dependents.

## Removal of (Gone Away) Patients - FP69

The Public Health Agency in NI as directed by Department of Health communicates directly with patients to offer and promote 'screening' services. Where 'letters' are returned undelivered or marked 'gone way, the GP Practice will receive a notification (FP69) affording the Practice the opportunity either to confirm that the patient still resides at the last known address or has moved. If the Practice is unable to confirm or trace an address the patient will be removed from the practice list 6 months from the date of the notification

## Repeat Prescriptions

GPs and Independent prescribers such as nurses or members of the MDT team can authorise regular prescriptions to be issued on repeat for specific periods of time after which the authority will be reviewed. The patient's medication review might take place after a certain number of issues or after a specific date. See Access to Prescriptions Online.

## Representatives – Medical and Pharmaceutical

Representatives of medical and pharmaceutical companies often approach practices to request to meet doctors to inform them about new products or to offer educational services, including support for meetings. Practices should have a policy on meeting 'representatives' and be mindful of the risks of accepting 'gifts', donations, or funded events.

## Retention of Medical Records

BMA offers key advice on the retention of medical records for minimum periods specific for NI. Bear in mind that 'medical records' may be kept in various formats, such as paper records (the Lloyd George folder), electronic records, or a mixture of both. GP Practices may well have kept a record of the date they commenced using the electronic record. In summary minimum retention periods for GP records should be 10 years after the patient's death or after the patient has permanently left the country.

Records for Children and young people should be retained until the patient is 25 (or 26 if they are 17 when treatment ends) or eight years after their death, if sooner. If a child's illness or death could be relevant to an adult condition or have genetic implications for their family, records may be kept for longer.

Maternity records (including obstetric and midwifery records) must be retained for 25 years after the birth of the last child.

Mental health records - Records of people who have been treated for a mental disorder should be retrained for 20 years after the date of last contact between the patient and any healthcare professional employed by the mental health provider, or eight years after the death of the patient if sooner.

## RIDDOR – Reporting of Injuries, Disease and Dangerous Occurrences Regulations

The Reporting of Injuries, Disease, and Dangerous Occurrences Regulations (NI) 1997, places a legal duty on employers, self-employed people and people in control of premises to report the following to Health & Safety Executive NI (HSENI) (HSENI):

- Work-related deaths
- Major injuries or over three-day injuries
- Work related diseases.
- Dangerous occurrences (near miss accidents)

Note that whilst Great Britain revised RIDDOR reporting requirements in 2012 & 2013, NI's position remains unchanged.

For RIDDOR reporting forms and more information see HERE

## Royal College of General Practitioners Northern Ireland

Royal College of General Practitioners (RCGP)NI aims to represent its members working in NI and to address local issues and aspirations. It also aims to influence the work of the Royal College and governmental Policy, where appropriate, in order to try and ensure NI members' views are heard. RCGP represents over 1400 member in NI, accounting for over 80% of all NI GPs. Activities of RCGP NI include:

- Membership support
- Representation on health committees and working groups.
- Political engagement
- Joint liaisons and working strategies.
- Consultation responses
- Establishment and facilitation of working groups
- Support of practice-based staff.
- Provision of CPD and events

RCGP NI Council is made up of elected members GPs, appointed lay representatives and representatives of several pertinent organisations.

## Royal College of Nurses – RCN

The Royal College of Nurses, founded in 1916, is a 'trade union' and membership body with over 500,000 members made up of registered nurses, student nurses and health care assistants. The RCN represents nurses and nursing promoting excellence in practice and shaping health policies. Nurses need to register to practise with the Nursing and Midwifery Council (NMC) which replaces the UKCC (United Kingdom Central Council for Nursing, Midwifery and Health Visiting. Practice Managers can check the online NMC register using the Nurse PIN number, first and last names. Registered Practice Nurses will need to go through a revalidation process with the NMC every three years to continue to practise. Whilst it is the responsibility of the Nurse to ensure that they keep up their NMC registration and revalidation as appropriate, Practice Managers should implement a process to prompt and alert that a Nurse's registration is up for renewal or that they need to complete revalidation as a nurses' ability to practice requires them to remain on the NMC register.



## Safeguarding Children and Vulnerable Adults

A key concern for modern general practice is that GP Practices have systems and training in place for GPs and their Practice Staff to react and deal with appropriately situations whereby there are genuine concerns for the health, welfare and safety of vulnerable children and vulnerable adults. 'Safeguarding' is the role of providing help and support to people to live safely without the risk of abuse, maltreatment and to prevent abuse.

There are certain types of activities with children or vulnerable adults that fall under regulated activity as defined by the Safeguarding Groups (NI) Order 2007. See NIDirect for more information. GP Practices in the provision of care provides a regulated activity for both Children and Vulnerable Adults under the NI Order.

GP Practices are required to appoint a 'safeguarding' lead, have clear protocols in place for staff to follow, publish their policies for reporting abuse, and ensure that staff and patients are aware of how to report situations of concern. Medical records should be coded correctly with pop up alerts to ensure that an 'at risk' or 'looked after' children/vulnerable adult is clear when being seen by a clinician, thus enabling clinician to be mindful of assessing increased concern. A poster should be on display in the Practice providing contact names and telephone numbers to report concerns. Examples of documentation and posters can be found on the Practice Index or PICRT Resources.

Also see chapter on Caldicot Guardian.

## Safety Alerts

The 'safety' of patients and the practice team is of prime importance in a GP Practice and the SPPG expects that Practice has in place systems to ensure that the 'practice team' are fully aware of any 'alerts, hazard warnings and new risks or Drug Safety Updates that are made known to the Practice. 'Alerts' come in various forms. In the main 'safety alerts on drugs and appliances are notified to the Practice by email to a nominated recipient, usually the Practice Manager.

Alerts are issued by the MHRA – the Medicines and Health Care Products Regulatory Agency. It issues notices and manages the Yellow Card Scheme is part of the process of reporting adverse drugs reactions, adverse incidents involving medical devices or counterfeit medicines. GP Practices finding problems with medicines or devices should report defects to the MHCRA Yellow Card site

Alerts may also originate from other sources by letter and include warnings about potentially violent patients, patients trying to register using aliases to obtain drugs, and stolen prescription forms. These warnings should be circulated to clinicians and reception staff but not openly posted on notice boards.

## Salaried GP

A Salaried GP may be employed by a GP Practice. The Salaried GP may be invited to take part in practice meetings but would not take 'drawings' from the Practice only a salary. GP Practices employing doctors will need to carry out the appropriate employment checks which will include confirmation of inclusion in the Performers List, annual renewal certification with the General Medical Council, evidence of medical indemnity insurance, and an Access NI Check. A salaried GP or new Partner will need to request a Cypher code to enable them.

A salaried GP will need to request their own Cypher number for the GP Practice they are employed by and can do so by contacting the Professional Support Team, their email address is ProfessionalSupportTeam@hscni.net Cypher numbers are not transferable across practices. Salaried GPs working in multiple practices must have a separate unique Cypher number for each practice or clinical setting. A Cypher number enables GPs to request blood tests and make referrals in their own name. The GP will also receive their own Prescriptions (HS21CS). The pension system for salaried GPs operates differently from standard PAYE. Similar to GP Partners, salaried GPs must complete and submit SR1 and SR2 forms to manage their pension contributions.

The GMS Contract 2004 , Part 4, para 58, states that the 'Contractor shall offer terms and conditions which are no less favourable than those contained in the "Model terms and conditions of service for a salaried GP employed by a GMS Practice", published by the BMA'. Failing to offer the minimum terms and conditions may result in the GP Practice being in breach of their GMS Contract. The BMA can offer advice to GP BMA members and their Practice Managers on employing staff and salaried GP as well as salaries. See also GP Sessions for more information.

## Scales of fees – Private

The NHS services of a GP are free. However, there are 'services' that fall outside the scope of the NHS. In GP Practice these services are typically referred to as non-NHS work. Some examples are, certain Travel Vaccinations, written reports, Medical Reports are not available via general medical services. The BMA publishes a list of recommended fees see the BMA fees calculator.

## Scanning Medical Records

Scanning hard copies of clinical letters and reports into the computerised medical record has become part of day to day of a GP Practice. Practices can differ slightly in the process they adopt in processing newly received clinical mail. In some Practices the incoming clinical mail is distributed to the doctor named on the report or his/her nominated deputy for reading and coding to be carried out of highlighted for practice staff to enter. The clinical document is then scanned. In other practices all incoming mail, including those marked 'urgent' are scanned before being read by a doctor. Scanned documents must effectively be a 'photo-image' of the original document, and it must not be possible for instance to convert the document to an editable format. There is document management software available that will allocate clinical letters to doctors to read and subsequently file when read.

Scanning equipment is available that will 'scan' at speed. However, care needs to be taken that documents are always allocated to the correct patient. In this respect, it is always advisable for Practices to keep 'clinical letters' and 'reports' for a period of time to allow for the possibility of misfiling and to enable audits to be carried on the accuracy of filing and data recording. As part of the GP IT Modernisation Programme, GP2GP is due to move to live phase in June 2023, which is the electronic transfer of patient notes from one practice clinical system to another when a patient moves practice. Practices are required to develop systems to manage the scanning of the medical file upon patient moving away.

## Self-Employment

General Practice in the United Kingdom is in the main made up of self-employed doctors who work in partnerships or groups of partnerships and provide General Medical Services to their patients via GMS Contract. The GP is the 'gatekeeper' to the rest of the NHS's services. Self-employed GPs are responsible for their own tax affairs.

## Serious Adverse Incident

A Serious Adverse Incident (SAI), is an Adverse Incident that meets 1 or more of the 6 specific criteria:

1. Serious injury or the unexpected/unexplained death of patient/employee/member of public
2. Expected serious risk to patient/employee/member of public.
3. Unexpected or significant threat to provide service and or maintain business continuity.
4. Serious self-harm or serious assault on patient/employee/member of public by patient who has mental illness defined by Mental Health Order (NI) 1986
5. Suspected suicide of patient who has mental illness defined by Mental Health Order (NI) 1986
6. Serious incident of public interest relating to theft, fraud, information breach or data losses, member of HSC Staff

To report an SAI the following form should be complete AIF1(GMS) Form

## Shared Care Guidelines of Specialist Medicines

Shared Care is the joint participation of hospital consultants and GPs in the planned delivery of care for patients with a chronic condition, informed by an enhanced information exchange over and above routine discharge and referral letters. Shared Care Guidelines of specialist medicines is where medicines initiated by a hospital doctor require complex prescribing and or therapeutic monitoring arrangements not normally undertaken in GP Practice. Shared care arrangements for specialist medicines enable GPs to prescribe amber list specialist medicines by providing the GP with necessary information and support to do so safely and effectively. For more information see Shared Care Guidelines

## Shared Parental Leave

Shared Parental Leave is when both partners choose to share the time taken away from work when having a baby (naturally or through surrogacy), adopting a child, fostering a child who is planned to be adopted. Eligibility and evidence required applies in the same way as Maternity Leave and Statutory Maternity Pay entitlements which can split between both partners. See SPL and Pay

## Shingles Vaccinations

See Vaccinations

## Sickness Certificates

GPs are no longer required to issue medical sickness certificates (Fit note) for period of absence of 7 days or less. Employers instead will ask staff to provide 'self-certification', which can be by using the online SC2 tool or can complete a self-certification form created by the GP Practice. GPs now issue a fit note rather than a sick note after 7 days. The fit note which replaced sick notes in April 2010, might state that an employee is not fit to work or could return to work on restricted duties. A GP is not entitled to charge for issuing a 'fit' note unless it is requested for a period of 7 days or less.

Fit notes can also be issued by members of you MDT team e.g. Practice Pharmacists, First Contact Physiotherapists and Prescribing Nurses. They need to have completed the relevant training and have treated the patient for the condition they are off work with. More information on which clinicians are eligible to issue fit notes can be found here Fit-Note-Guidance-Final-January-2024.PDF (hscni.net)

## Sickness Pay

GP employers may at their own discretion offer as part of a contract of employment a sickness absence pay scheme in addition to the obligation to pay staff Statutory Sick Pay (SSP). Note that often GP Practices to attract and retain staff will offer similar terms of employment to that of NHS staff employed under an Agenda for Change contract. Most enhanced employer sick pay terms are tiered based on length of reckonable service. It is normal for an employer when offering enhanced sick pay terms to that of SSP that the employer's sick pay is inclusive of SSP. In addition to the Sick Pay entitlement that will be outlined in the contract of employment, Staff Handbooks should provide the process of notifying and evidencing sickness (i.e. Self-certification and or Fit Notes if appropriate) as well as Return to Work meetings, documentation and triggers, referral to Occupational Health, what defines long term sickness and how it will be managed should also be outlined in the Sickness Policy.

Other staff in the practice may have different entitlements if they are employed by other organisations (i.e., NIMDTA, Federations, Trusts) so it is important to note these differences.

GP Performers (GP Partners and Salaried GPs) are eligible for reimbursement of sickness cover as outlined in The Statement of Financial Entitlements 2019, currently for a leave of absence that is more than 4 weeks up to a max 26 weeks to a max of £1,734.18 per week for performer upon provision of Locum expenses incurred (note eligibility must be met – see guidance above). GP Sick/Maternity/Paternity and Adoption leave reimbursement is claimable from day one, as opposed to the first day of week 5, for a further year -see NICAF Letter - (note these are additional terms to SFE 2019 and therefore subject to change, so it is recommended that Practices check with their Practice Support Manager prior to claiming). More information on the scheme and claim process can be found on the Primary Care Intranet click HERE

## Significant Events

GP Practices are expected to record, review and take action, where necessary, if a significant or critical event takes place that might give rise to concern about the action taken. The Quality Outcomes Framework sought information

from Practices about at least three 'significant' events per annum and listed a set of circumstances whereby at least one report ought to be made. The difficulty for Practices has been determining what is 'significant' or what is 'critical'. Some Practices religiously record any event that in 'someone's opinion' has not been dealt with in accordance with a set policy, procedure or protocol, that for instance might give rise to a complaint, or might be regarded as a failure to arrive at a correct diagnosis and make an appropriate referral. Practices set up reporting systems that might include keeping a diary of events or completing a report form. The 'event' or a selection of 'events' are then discussed at a full practice meeting with a view to determining whether there was a better way of doing things. Practice might record 'learning points', might change procedures or might consider that the event was dealt with appropriately. The key to the exercise is not to attribute blame. For SEA Forms and more information see Primary Care website at SEAs

## SNOMED Codes

In 2020, Read Codes were replaced in GP computing software by SNOMED clinical terms, which is used internationally and extends beyond the capabilities of Read codes. SNOMED is the abbreviation for the Systematized Nomenclature of Medicine Clinical Terms.

*"Each medical record should have a complete list of all the patient's problems, including both clearly established diagnoses and all other unexplained findings that are not yet clear manifestations of a specific diagnosis, such as abnormal physical findings or symptoms."* Lawrence Weed NEJM (1968)

For more information www.nhscfh.nhs.uk/uktc

## Spirometry

Spirometry is a test to show how well a patient can breathe and can help with the diagnosis of asthma and COPD (chronic obstructive pulmonary disease- COPD). Practices may purchase a spirometer, which measures the patient's ability to exhale (lung capacity) providing a printout and often appoint a specially trained practice nurse or pharmacist to look after patients with airways problems. Practice Nurses and or Pharmacists who conduct Spirometry testing are required to undertake a 3 yearly Spirometry update. For more information see ARTP Website and Appendix 5, see also Vitalograph UK website.

## Staff Appraisal

The Quality Outcomes Framework introduced a voluntary arrangement whereby GP Practice would be expected to carry out annual appraisals for all employed practice staff. Practices are required to retain evidence internally that there is an annual appraisal system in place. Staff appraisals should normally be carried out by the Practice Manager who in turn is appraised by a senior doctor/partner.

Appraisals take the form of completing an appraisal form which seeks information from the staff member on their approach and view about their work and an interview that is not time constrained. The outcome of the 'meeting' should be to set objectives for the forthcoming year that are 'S.M.A.R.T' – Specific, Measurable. Achievable, Realistic and Timeous. The format may involve colleagues offering views on the staff member by completing a 360- degree form. The staff member should be given written confirmation of the outcome of the appraisal.

Examples of documentation can be found on the Practice Index.

## Staff Handbook

Every Practice should have a staff handbook that is made available to all staff as a reference document. A staff handbook should provide staff with the Practice Staff Policies and Procedures which form the employees contract of employment. It is designed to give the employee a clearer understanding of responsibilities of management and

staff under employment legislation. It is advisable to document that a staff handbook has been provided with a signature of acceptance from the employee that is then retained in the employee staff file. This confirms that the employee has been informed and is aware of what is required of them. Without giving an exhaustive list of what would be included in a staff handbook, here are some of the core areas that should be covered: Structure, adoption, alcohol & drugs misuse, appearance & dress, appraisal, changes of terms, personal relationships, computer security, conduct, confidentiality, conflicts of interest, data protection, disciplinary, emergency situations, equal opportunities, expenses, flexible working, grievance, harassment, health & safety, holidays, hours of work, induction & probation, information security, jury service, maternity, media & communications, parental leave, paternity leave, pensions, personal property, phone calls, redundancy & lay-off, right to search, salary & benefits, shared parental leave sickness absence, smoking, special leave, stress, termination of employment, trade union rights, training and development, travel violence, whistleblowing. Examples of staff handbooks can be found on Practice Index.

## Staff Registered with Practice

GP Practices should be aware of the problems that might arise of staff employed by a practice who are also registered as patients with that practice. The similar problems might occur of relatives are registered with the same practice as the employed staff member. Some Practices encourage staff to register with another practice, but this is not always possible. Safeguards therefore need to be in place to avoid staff looking at their own records and other staff breaching their confidentiality. This can be achieved by embargoing access to records. Staff should be made aware that it may not be appropriate for them to deal with the medical affairs of their relatives whilst at work.

## Staff Training

Training new practice staff, such as receptionists and medical secretaries is an important role for a GP Practice Manager. It is good practice for planned induction training for all new staff including new GP Trainees. Clinical system training is essential for all new staff and Practices often find it useful to have a short familiarisation guide to support one to one training from a dedicated member of the Practice team. New Practice Managers often have trouble where there is no handover when joining the Practice. It is hoped that this handbook will provide a good aid for those Practices Managers that have little induction or handover upon joining. Training for managers and staff is provided by various organisations, such as AMSPAR and EFSU. There are a number of management websites offering help and support to Practice Managers, including the Practice Index, First Practice Management, e-lfh Training Portal, HSC Learn websites.

There are several areas of training that would be considered mandatory (M) for practice staff. These include Life Saving skills (M), Safeguarding Vulnerable People (M), Confidentiality (M), Care Navigation Awareness Training (M), Customer Handling Skills, Medical Terminology, Manual Handling, First Aid, and Computing skills. Members of the Nursing Team need to keep up to date with developments in their field. It is recommended that each member of staff have a training or learning plan and that records are kept of all training. In-House training sessions can time permitting be offered and 'timeout' style events can be invaluable when trying to resolve problems or build a new team. See AMSPAR.

GP Trainees based in practice will have trainee release days to attend which are organised by NIMDTA. Please see section GP Trainee Tutorials

## Statutory Maternity Pay - SMP

GP Practices are required by law to make Statutory Maternity Pay payments to employees who have been absent from work on maternity leave. The rules of payment can be viewed on the NIDirect Website. GP payroll software should be automatically set with the current annual weekly pay rates for SMP. See Maternity Leave.

## Statutory Paternity Pay - SPP

GP Practices are required by law to make Statutory Paternity Pay payments to employees who have been absent from work on paternity leave for a period of up to 2 working weeks. The rules of payment can be viewed on the NIDirect Website. GP payroll software should be automatically set with the current annual weekly pay rates for SPP. See Paternity Leave

## Statutory Sick Pay – SSP

GP Practices are required by law to make Statutory Sick Pay payments to contracted employees who have been absent from work on sick leave for a period of 4 or more days in a row (including non-working days), this period is known as 'qualifying days' and have met the weekly earning threshold. For sickness absences less than 4 days employees should complete a self-certification. Employers can ask for completion of a special form for the first 7 days of sickness, often employers use a Form similar to the former Self Certification form however if the employee fails to provide and appropriate notice was given of the employee of their sickness, SSP is still payable by the employer. Should an employee not be eligible for SSP then the employer must complete the SSP1 Form within 7 days of the employee going off sick. Fit notes can be asked for by employers after 7 days of sickness (including non-working days). SSP is payable up to 28 weeks in a rolling 3 year period, should sickness continue the employer must complete an SSP1 Form, 7 days before the SSP is due to end, to enable the employee to apply for Universal Credit or Employment and Support Allowance. If an employee is sick on 2 or more occasions within a 56-day (8 week) period, then each period of absence is 'linked' and regarded as a single period of entitlement for the purposes of SSP, if a period of sickness has been 'linked' then usual 3 'qualifying days' are not required and SSP is payable for the first 3 days. The rules of payment can be viewed on the Government Website. GP payroll software should be automatically set with the current annual weekly pay rates for SSP, and clear Sickness records kept enabling SSP entitlement/payment.

Practices may also have contractual sick pay which they need to monitor and guide staff on. An enhanced entitlement should be outlined clearly in a Staff Handbook with clear instruction on notification requirements, eligibility which are often based on reckonable service, sickness policy which should include annual leave accrual during sickness, intermittent absences and how they will be managed, long term ill health and failure to follow sickness procedures. Note statutory annual leave continues to accrue whilst an employee is off on sick leave.

## Strategic Planning and Performance Group

The Strategic Planning and Performance Group (SPPG) plans and oversees the delivery of health and social care services for the population of Northern Ireland.

The Group is part of the Department of Health and is accountable to the Minister for Health. It is responsible for planning, improving, and overseeing the delivery of effective, high quality, safe health and social care services within available resources.

Previously Health & Social Care Board (HSCB) which on November 2015, the decision was taken by the then Health Minister, Simon Hamilton to close HSCB. This was confirmed by Michelle O'Neill in October 2016 as part of the wider transformation agenda, with the intention of enhancing strategic system leadership, improving integration, and making the decision-making process more streamlined.

Responsibility for all the existing functions moved to the Department of Health on 1 April 2022. The functions are now undertaken by the new Strategic Planning and Performance Group within the Department, which was established for this purpose. Staff are hosted by the BSO.

## Stress at Work

GP Practices need to be mindful of the stresses incurred by both doctors and staff working in a GP Surgery. There are many work pressures on GPs and practice staff that can cause undue stress. For instance, practices as employers

need to be aware of the total working hours undertaken by their staff. Additional stressors might include the death of a colleague or the long-term absence of a colleague. Results in employment tribunal cases suggest that employers who fail to take account of stress at work may fall foul of a decision that is adverse if an employee pursues a claim for 'constructive dismissal'. A useful source for GP Practices is HSE Guidance for Employers and Stress at Work. GP Practices may wish to consider conducting a stress risk assessment with their staff, examples can be found on the HSE Website.

Practices can also access The Condition Management Programme (CMP), which is a free, voluntary program that helps people with health conditions that affect their ability to work.

NI Chest, Heart and Stroke also offer a free workplace health and wellbeing support programme, funded by the PHA called Work Well Live Well

## Student Loans

Employing staff, who are subject to the repayment of student loans is more common. The staff might include GP Registrars, Salaried GPs or other clinical staff. The GP Practice as employer will receive a notification from the Inland Revenue to start collecting student loan repayments once gross income has reached a certain threshold. The level of repayments depends on the type of loan plan the student had. see NIDirect Student loans for more information.

## Subject Access Requests (SAR)

The right of access, commonly referred to as subject access, gives individuals the right to obtain a copy of their personal data, as well as other supplementary information, see also Access to Medical Records.

## Summarising Records

GP Practices place a great of importance on the process of summarising records. Recognising significant past medical history, continuing problems, key diagnoses, allergies, operations, procedures, investigations, child protection and recording appropriate medical codes has helped Practices to manage good patient care safely. Quality Outcomes Framework also relies on the Practices have a methodical and accurate coding process in place. The process of summarising in itself is enormous. As a starting point, GP Practices 'code' all new incoming clinical letters and reports from a given point in time. The patient record is noted that records have been summarised. The summarising of records in this way is also very useful for the creation of medical reports for insurance purposes. However, Practices might also be working through all clinical records with a view to entering a clinical summary on the computer held record to achieve paper light status see NI Paperlight Accreditation Policy NI Paperlight Accreditation Policy. These tasks are normally carried out by clinical staff, such as nurses or by specially trained staff working to a protocol. For more information see Medicologic website.

## Sub-Deanery

The Sub Deanery Project was originally a pilot project established through the Eastern Federation Support Unit due to the increasing need for more exposure of undergraduate medical students in General Practice and to help ease their orientation into General Practice overall. Initially based in North Belfast and South West Federation Practices with the hope that the pilot may be expanded regionally next year.

The GP Sub Deanery is now based with QUB in conjunction with Ulster University under the auspices of NIGPCPA, and its role will be developed during the upcoming academic year.

Two of the Locality Leads have now been appointed, these are Dr Brenda Campbell, (West) and Dr Orla McLaverty (North). The Locality Leads will be contacting practices in their locality to discuss any challenges associated with teaching and embedding the curriculum at practice level. The appointment of Dr Louise Sands has been confirmed as GP Sub-Dean. Locality Leads for South and East have still to be confirmed at time of publication.

## Superannuation Certificates – Annual

HSC Pensions will request the completion of an annual superannuation certificate from each GP Partner within the GP Practice. The purpose of the certificate is to calculate a provider's pensionable HSC earnings, the level at which pension contributions need to be paid and the contributions due. GP's must 'pension' all their HSC GP Practitioner income that is paid to them by an HSC employing authority. In essence a GP can earn income from a number of different sources. Practice Accountants often prepare this information for GP Partners. See HSC Pensions for more information.

## Suture Removal

Suture removal is a procedure often 'delegated' to GP Treatment Room Nurses when a patient is discharged from hospital having had stitches. Practices should ensure that Treatment Room Nurse are skilled and trained in suture removal.

# T

## Telephone Consultations

Telephone consultations provide an alternative and supporting service for face-to-face general practice care. Practices are encouraged to develop triage systems to help determine whether patients need to be seen promptly or whether speaking to a patient on the telephone might suffice. See Care Navigation. Each Practice has autonomy to decide how best to manage patient demand versus Clinical resources available with telephone consultations now forming a key role on a given day's provision of care.

## Telephone System

Telephone systems are an essential access mechanism for all GP Practices. Each Practice will have differing levels of autonomy in relation to ability to choose a suitable telephone system, this is largely based on the ownership of the building the GP Practice works from. Some buildings are owned by the Trust, others by a private landlord, some GP Practice or GP Partner owned. Despite the different ownerships, GP Practices are bound by GMS Contract to provide telephone access for patients and to include the Practice telephone number on the Practice leaflet and website. In addition to this with the planned retirement of Public Switched Telephone Network (PTSN) or otherwise known as analogue landline services in December 2025 and increased NHS pressures, GP Practices have been incentivised to upgrade their Practice telephone systems to Voice over Internet Protocol (VOIP) phone systems as well increasing incoming telephone lines to the Practice. Direct Dials numbers for Nursing Homes, Labs, Palliative Care Nurses, District Nurses and community pharmacies have also been encouraged to improve patient safety and care. The Practice will also have to develop and maintain practice protocols for incoming telephone calls as part of this care navigation training for administration staff has become mandatory. Practice Managers must also ensure that the Practice phone system is switched over to the Out of Hours Service (OOHs) each evening and weekend and off again in the morning when the Practice opens. VOIP systems enable programming of these normal everyday patterns. However, responsibility of the Practice is to ensure that phones are switched across to OOHs for PBLs, Bank Holidays and other exceptional closure times.

## Temporary Residents

GP Practices are under an obligation to provide immediate treatment and care to patients residing on a temporary basis in their practice area. There are no longer specific payments made for looking after temporary patients as the funding was incorporated in the Budgets paid to Practices. However, practices in tourist areas or university towns may need to make special pleadings to SPPG over the value of their budgets.

## The 'Green Book'

The Green Book is the reference source that brings together all documents relating to vaccines and vaccination procedures for all preventable infectious diseases that may occur in the UK. It is updated as necessary as advised by the Joint Committee on Vaccination and Immunisation and is available online at The Green Book. Each of the Vaccination Programmes undertaken in General Practice will refer to this source.

## The Honest Broker

The Honest Broker is the term used to describe the SPPG role in the Family Practitioners Service Complaints. The Board must produce an annual report on complaints outlining the number received within GP Practice, the categories to which the complaints relate and the response times. The annual report should also include the number of those complaints in which the Board acted as an "Honest Broker." Either the patient or the Practice can contact The Honest Broker and the aim being to address the complaint effectively using conciliation services where appropriate. See BSO Honest Broker Service web page or this brochure for further information.

## Trade Union Membership

General Practitioners can join the British Medical Association to be represented by a 'trade union'. Practice Nurses join the Royal College of Nurses which acts as a trade union for practice nurses. GP Practice staff, who wish to be represented by a trade union may choose for instance, NIPSA, Unite, UNISON NI. GP Practices as small employers in the main are non-unionised and therefore don't recognise a specific union. Practices however need to be aware that employees may still choose to recognise team members as employee representatives within their team. See LRA website for more information.

## Travel Expenses

The standard government reimbursement rates for use of a vehicle whilst at work is 45p per mile for the first 10,000 miles and after that 25p per mile. Car drivers using their vehicle for practice business would be expected to carry insurance for business use and Practice Managers should ensure that checks are in place to review this paperwork upon commencement of employment with the contract/partnership agreement confirming that it is individual's responsibility to ensure car insurance is up to date for business use if applicable. Practices should have a Practice Policy on Travel Expenses and reimbursement. This policy should extend to GPs have to do house visits as part of their day to day and some Practices Nurses job descriptions will include home visits for home bound patients as part of their job descriptions. In these instances, Practices need to make clear if travel expenses are payable and at what rate and how the claim should be made. Locums normally don't expect to receive travel expenses for any home visits they conduct as part of their locum session. See the Government Website for more information.

## Travel Vaccinations

See Vaccinations

## Treatment for Overseas Visitors

The rule of thumb for accepting and treating foreign visitor's treatment and care in general practice used to be that the patient could be seen if asking for treatment for a new condition not a pre-existing condition. However, current advice by the BMA suggests not refusing acceptance of patients requesting help unless there are reasonable grounds for doing so. They may refuse to accept patients as long as the grounds do not relate to race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Link to access to health entitlement SharePoint website Access to HealthCare Platform - Home

## Triage

Triage within the context of GP Practices is the word used to describe the process in which a Patient leaves a message for a GP, Advanced Nurse Practitioner (ANP) or General Practice Pharmacist (GPPs) contact the Patient to discuss their condition. The GP or ANP will then determine if a Patient is needing a face-to-face appointment to facilitate examination which the healthcare professional can allocate or if they are able to consult appropriately over the telephone. Every Practice can decide how they best meet the demands of their patient population which will also inform daily and weekly routines for the practice that are made known to patients' e.g. Telephone Triage open between 8.30am to 10am or when call slots are filled. Often Practices will front load the week with capacity again based on demand trends and the closure of the GP Practice over the weekend always makes for a very busy Monday and Tuesday.



## Ulster University

See Medical Student Placements

## Uniform (Staff and Nurses) / Dress Code

Many Practices provide a simple uniform for their practice staff, including practice nurses. Practices may also have a policy for clinical staff regarding jewellery in line with infection control and in keeping with clinics that they are running. Uniforms and clothing should not impede effective hand hygiene and should not unintentionally come into contact with patients during care activities. Similarly, nothing should be worn that could compromise patient or staff safety during direct patient clinic e.g., nail products, rings, earrings other than studs and necklaces.

## Unpaid Parental Leave

Unpaid parental leave is a statutory right in Northern Ireland, allowing eligible employees to take time off work to care for their child or to make arrangements for their welfare. Employees are entitled to up to 18 weeks of unpaid leave for each child, which can be taken at any time up to the child's 18th birthday. To qualify, the employee must have at least one year of continuous service with the employer and must be the parent or legal guardian of the child. Employers may require a minimum notice period before the leave is taken and can postpone the leave for up to six months if it would disrupt business operations, except in cases of maternity, paternity, or adoption-related leave. Parental leave must be taken in blocks of at least one week (except for parents of disabled children, who may

take it in shorter periods). Practices should ensure clear policies are in place and provide guidance to staff regarding the process for requesting unpaid parental leave. Further details can be found on the NI Direct website.

## Urgent Care Centres

See No More Silos

# V

## Vaccinations

Administration of vaccinations forms a large part of GP Practice Enhanced Services work and income. All GP Practice vaccinations programmes are defined by clear "specifications" which detail eligible groups, type of vaccines to be used, ordering, Patient Group Directions and Patient Specific Directions, how to record (VMS or Clinical System), decommission and the payment process. Specifications can be found on the Primary Care Intranet HERE.

### Vaccinations - Childhood Vaccinations

The current schedule of vaccinations is offered 'free of charge' to children and young adults under the NHS are set out on the NHS Choices website. The vaccination programme is managed by GP Practices and vaccinations are in the main administered by Practice Nurses or GPs. The World Health Organisation target for childhood immunisations is 95%, but the NHS targets for GP Practices fall between 70% and 90%. For further information see PHA and for the updated schedule of childhood immunisations click HERE For those children with incomplete immunisation status see HERE for more guidance.

### Vaccinations - COVID-19 Vaccination

Coronavirus (COVID-19) vaccines were approved for use in the UK & NI, in response to the COVID-19 Pandemic with vaccination clinics commencing in December 2020. Varying types of COVID-19 vaccines have been offered during the Pandemic and will continue to do as PHA guides. Priority groups are identified by PHA in line with vulnerability and vaccine supply. GP Practices have been instrumental, and many Practices continue delivery of this vaccine identifying patients' eligible, calling them in line with their priority and administration of the vaccine. As the COVID-19 priority groups have some overlap to that of annual Influenza vaccination, many Practices try to offer another vaccine along-side the COVID-19 vaccine to reduce workload. As priority groups are continually reviewed please latest groups on Northern Ireland COVID-19 Vaccination Programme | HSC Public Health Agency (hscni.net).

### Vaccinations - Influenza Vaccination

GP Practices offer an annual vaccination service for patients at risk of an influenza infection.

The main at-risk groups are:

- people aged 65 and over.
- people aged under 65 with specific clinical conditions.
- all pregnant women
- all two-, three- and four-year-olds
- primary school children and Year 8 to Year 13 in secondary schools
- healthcare workers with direct patient contact
- carers

The annual 'campaign' is funded through the Quality Framework, Direct Enhanced Services payments. Often practices combine vaccination clinics to include other vaccinations e.g., Pneumococcal, Shingles and now COVID-19. Refer to Primary Care Intranet for more information and guidance. Also see Patient Group Directions (PGDs) is a written instruction that allows named, authorised and registered healthcare professionals to sell, supply or administer named medicines in an identified clinical situation legally, without needing a written, patient-specific prescription from an approved prescriber. For every vaccination including Influenza there will be a PGD for each named vaccination, which must be first signed by Primary Care Approval Team including SPPG and then will be sent to GPs Practices for the designated GP in Section 2 to sign and the authorising Manager in Section 7 (normally the same Lead GP) and finally the practice employed nursing staff (e.g. Nurses, Pharmacists, PHA clinicians) prior to patient vaccination. Flu PGDs can be found at Primary Care Intranet

## Vaccinations - Pneumococcal Vaccination

Patients who are over 65 and those between the ages of 2 and 64 who in a clinical risk group as defined by the Pneumonia Vaccination Specification can be offered a single pneumococcal vaccination, which will protect them for life. It is not generally given annually like the flu jab. However, patients with no spleen, with splenic dysfunction or with chronic renal disease should be offered re-immunisation every 5 years. Pneumococcal polysaccharide is the vaccination description for the Pneumonia Vaccination. It currently can be ordered through Child Health with the other Child Immunisations. It is important to monitor expiry dates of all vaccinations as well as adhere to cold chain requirements see Primary Care Intranet.

## Vaccinations - RSV Vaccination

Respiratory Syncytial Virus (RSV) vaccination is a common respiratory virus that that can cause serious lung infections. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and in neonates and small babies, and it has a considerable impact on individuals and NHS services during the winter months. The peak for RSV infections is November to February.

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended respiratory syncytial virus (RSV) vaccination programmes for older adults and during pregnancy for infant protection.

See RSV NILES HERE for more information. The RSV vaccine is required to be added to the National Database via VMS.

## Vaccinations - Shingles Vaccination

The Shingles Vaccine is available for patients who have or are turning 70, in addition to anyone aged between 71 up to 79 (catch up cohort) who have not yet received the vaccine see primary care intranet for more information Shingles Vaccination HSS 42-2023.

## Vaccinations - Travel Vaccinations

GP Practices are no longer required under GMS Contract to offer vaccinations against certain diseases to persons who intend to travel see GMS (SFE) Directions (NI) 2019. Some GP Practices choose to do so as an additional service and can charge a private fee in these cases as it is considered to be outside NHS remit. There are however some vaccines that still fall under the remit of NHS provision and GMS contract namely Diphtheria, Polio, Hepatitis A, Tetanus and Typhoid. Many practices provide guidance for patients enquiring about travel vaccination as to how to access these vaccines without incurring private fee. Many Chemists offer a Travel Vaccination service and upon completion of the risk assessment and identification of what vaccinations are required for travel will signpost patients back to their GP practice for the NHS vaccinations. Practices will need to have robust systems in place to manage these requests.

### Vaccinations – Whooping Cough (Pertussis) Vaccinations

Following a steep rise of Pertussis laboratory-confirmed cases in NI between 1 Jan and 12 May 2024 (916 cases confirmed compared to only 2 confirmed cases in 2021-2023), the Department has provided funding to cover the cost of an extended Pertussis vaccination programme; payments to GPs for the immunisation; and a data collection fee.

Refer to NILES Pertussis Vaccination for Pregnant Women 2024-2025 specification. Claims for payment are made via the GP Portal monthly.

Vaccination against pertussis should be provided for all pregnant women from 16 weeks gestation onwards. The vaccination is most effective between 16 and 32-weeks' gestation but can still be offered to women up to the time of delivery and may be offered to women up to the time their baby is 2 months old if they have not been immunised in pregnancy.

For more details and specification see Pertussis immunisation for pregnant women

### Vaccinations - Yellow Fever Vaccinations

Some GP Practices act as Yellow Fever Centres and offer a yellow fever vaccination service for which the Practice is entitled to charge patients for the vaccination and the issue of a certificate.

## Vaccine Management System (VMS)

The Vaccine Management System (VMS) was introduced in response to the COVID-19 Pandemic to enable the sharing information upon vaccinations administration between GP Practice, Community Pharmacists, and Trust Vaccination Clinics and then for the onward provision of Vaccine Certificates, required for travel purposes. It is currently in use for COVID-19, Influenza Vaccinations, Shingles Vaccination and RSV Vaccination (some practices are also recording M-M-RVAXPRO - 0.5ml MMR) with a write back provision into GP Practice Clinical system. Access to VMS can be requested through your Practice Support Manager. For a helpful guide see VMS Training Pack GP 041021 – Primary Care Intranet (hscni.net)

## Vaccine Refrigeration (including Temperature Control)

GP Practices must ensure that vaccine refrigerators are checked and maintained at an optimum temperature. The Nursing Team are normally responsible for ensuring that any vaccines or drugs kept in the Practice have not past their expiry date. Practices should have a protocol of which outlines the checks required.

## Value Added Tax

Some GP Practices need to register for Value Added Tax where there is a 'retail' outlet such as a dispensing pharmacy. VAT Registration might be advantageous when embarking on a major extension to premises if the Practice building is Practice owned.

## Vision

Vision is a medical technology and software company and is one of the clinical system providers approved for use in Primary Care in NI. Cegedim Healthcare Solutions (CHS) decided to withdraw the Vision GP Clinical System from the GMS ICT market in Northern Ireland, England and Wales in January 2024. Vision Practices will need to migrate to an EMIS. Egton Medical Information Systems (EMIS), the supplier of the EMIS WEB GP Clinical System solution, were awarded a new contract in March 2024 commencing on 1st April 2024 for a minimum term of 5 years with 2 possible 1-year extensions.

A business case has been approved to migrate all current 117 GP Practices from the Vision GP Clinical System to the EMIS WEB GP Clinical System. A migration package has been agreed with EMIS and BSO ITS will commence placing orders with EMIS for the migrations.

The migration is being conducted in 2 phases – Phase one will be from January – April 2025 with Phase two commencing April 2025.



## Waiting room notices and displays.

The waiting room is a key area in the surgery building where there is an opportunity for the Practice to get important messages across to patients. Notice Boards should be kept tidy and uncluttered, and notices should be readable. Typically notices should display the opening hours of the surgery, the names of the doctors and nurses working there. It might be useful to display the name of the duty doctor, nurse and manager. In addition, there should be notices about privacy (patients can ask to speak in confidence), collection and storing of personal and medical data (GDPR Privacy Notice), chaperones (patient should know that they can as for a chaperone) complaints (the procedure for making a complaint or suggestion should be apparent), carers (carers should be encouraged to make themselves known to the practice), scale of fees (a chart showing the private charges that may be sue for medical certificates, vaccinations, reports and access to records should be on display), appointments delay and DNAs (a notice asking patients to report back to reception if not seen within a specific time and a notice showing the number of DNAs should be posted), online services ( a notice informing patients how to apply for access to prescriptions, test results, appointments and records online should be displayed), and finally Safeguarding (a poster providing contact numbers for anyone that might want help or support for a vulnerable adult or child should be posted). Leaflet racks should also be tidy and contain up to date leaflets.

## Waste Disposal

GP Practices should have in place proper and appropriate procedures to removing waste from the surgery premises. See Clinical Waste.

## Whistleblowing

"Whistleblowing" is the term used where doctors or practice staff can with confidence report 'illegal activities' incidents, or situations that has a public interest aspect to it e.g., such as patient abuse, or fraudulent claims or theft that in a less open organisation might place their 'employment' in jeopardy. A whistleblower who has made a relevant disclosure to GMC, providing certain conditions have been met, will receive legal protection provided the whistleblower holds a reasonable belief that the information disclosed is true.

It is good practice that GP Practices have a policy in place which offers clinicians and employees a 'safe' way of reporting areas of concern.

Specifically in relation to fraud, BSO manage a HSC Fraud Hotline which provides a simple means of reporting genuine suspicions of fraud within Health and Social Care. It allows members of the public or HSC staff to report their concerns with complete confidentiality. Callers may remain anonymous if they wish. The HSC Counter Fraud and Probity Services freephone number is: 0800 096 33 96.

## Whitley Council Pay Scales

John Whitley formed the original Whitley Council in 1917. In 1976 there were 11 functional Whitley Councils in the NHS. Three councils, that had a Staff Side and an Employers Side, negotiated pay and conditions of services which were referred to by GP Practices for employees working in general practice. These were the Administrative and Clerical Staffs Council, the Nursing and Midwifes Council and the Ancillary Staffs Council. In the NHS, the Whitley system was replaced by the Agenda for Change pay system in 2002. However, many GP Practices adopt their own pay scales and terms and conditions of employment, the Agenda for Change Scales forming a reference point for attraction and retention of Practice Nurses and admin staff in addition to the National Living Wage and the rising cost of living.

## Work Experience

Young people still at school may ask to gain work experience in a doctor's surgery. The school will undertake an assessment of the workplace before allowing a work experience placement. GP Practices should consider carefully what type of work should be allocated to work experience staff and take account of the risks of a breach of confidentiality. Young people wishing to study to join the medical or nursing professions might be prime candidates for work experience placements. Practices should ensure that the work experience staff member has Public Liability and Indemnity Insurance to cover their activity, often this will be requested by the student school/college prior to commencement.

# X

## X-Ray Reports

Radiography reports are now received electronically into GP Practices. Practices will need a system to manage the accepting, reading and auctioning these reports by a qualified person in the Practices. This normally forms part of the incoming electronic post daily workload for GPs, with admin staff assigning the incoming report to the correct patient upon arrival and the GP reading, coding, saving, contacting patient where appropriate along with auctioning any other measures required before archiving result.

# Y

## Yellow Fever Vaccinations

See Vaccinations

# Z

## Zero Tolerance (Violence and Aggression)

Most GP Practices have adopted a zero-tolerance policy of patients who behave in a threatening manner toward staff or clinicians. Practices will display a Zero Tolerance Poster in clear view at Reception and on the Practice website and Practice leaflet. GPs/Practice Managers who encounter patients who have been threatening or displayed violent behaviour towards them or their staff or member of the public on Practice Premises, should report the incident to the PSNI immediately. Having done so, the Practice would have the right to request the immediate removal of the patient from the Practice List, there is a clear process which must be followed to remove the patient for violent behaviour see Primary Care Guidelines for Violent Patient Removal. Under Schedule 5, Paragraph 21, of the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 Form RVP1 removal of violent patients should be completed for recording and requesting immediate removal of a patient and forwarded to BSO. BSO have in place arrangements to register violent patients with a special 'secure' practice. Practices can choose to be a Practice that accepts known Violent Patients and are remunerated for doing so under the following DES-Violent Patients. In most cases patients are rude and inpatient or verbally abusive to staff and in these cases, the Practice will issue a letter of warning, outlining that any further occurrence will result in patient removal from the Practice list.

# Appendices

## Appendix 1: Acronym Buster

- ABSM – Assistant Business Support Manager (SPPG)
- AKT - Applied Knowledge Test (GP Trainee exam)
- ANP – Advanced Nurse Practitioner
- ARCP - Annual Review of Competency Progression (GP Trainees)
- BSO - Business Services Organisation
- CCG – Clinical Communications Gateway
- CCT - Certificate of Completion of Training (GP Trainees)
- CEV – Clinically Extremely Vulnerable
- COGPED - Committee of General Practice Education Directors
- COSHH – Control of Substances Hazardous to Health
- COT Consultation Observation Tool (GP Trainees)
- CPD - Continuing Professional Development
- CSA - Clinical Skills Assessment (GP Trainee exam)
- CSR - Clinical Supervisors Report (GP Trainees)
- CV – Contract Variation
- DDRB – Doctors and Dentists Review Body
- DES – Directed Enhanced Services
- DME - Director of Medical Education (Hospitals)
- DPIA – Data Protection Impact Assessment
- ECR – Elective Care Reform
- EPS – Electronic Prescription Service
- ES - Educational Supervisor (GP Trainer)
- ESR - Educational Supervisors Report (GP Trainees)
- FSU – Federation Support Unit
- FPS- Family Practitioner Service
- FY2 - Foundation Year 2 Trainee
- GDP – General Dentistry Practice
- GDPR – General Data and Protection Regulation
- GMC - General Medical Council
- GMS – General Medical Services
- GPECS – General Practice Elective Care Services
- GPIP – General Practice Intelligence Platform
- GPN – General Practice Nurse
- GPP - General Practice Pharmacist
- GPST - General Practice Specialty Training/ Trainee
- HCN – Health Care Number
- HSC – Health and Social Care
- ICP – Integrated Care Partnership
- IDT - Inter Deanery Transfer

- IGS – Improvement Grant Scheme
- L&T – Learning and Teaching Course (GP Trainer Course)
- LES – Local Enhanced Services
- LGC – Local Commissioning Group
- LMC – Local Medical Council
- LMT – Local Management Team
- LTFT - Less than full time training (NIMDTA)
- MDT – Multi Disciplinary Team
- MDU - Medical Defence Union
- MMD – Mild to Moderate Depression
- MRCGP - Member of the Royal College of General Practitioners
- MSF - Multi Source Feedback
- MWP – Managing Winter Pressures
- NICAF – Northern Ireland Contract Assurance Framework
- NIECR – Northern Ireland Electronic Care Record
- NIGPC – Northern Ireland General Practice Committee
- NILES – Northern Ireland Local Enhanced Services
- OOH - Out of Hours
- OOS - Out of Sync (trainee who is outside Aug-Aug rotation)
- PBL – Practice Based Learning
- PCID - Primary Care Infrastructure Development Programme
- PD - Programme Director
- PICRT – Practice Improvement Crisis Response Team
- PMPL - Primary Medical Performers List
- PSM – Practice Support Manager (SPPG)
- PSQ - Patient Satisfaction Questionnaire
- QOF – Quality and Outcome Framework
- RCA - Recorded Consultation Assessment
- RIDDOR – Reporting of Injuries, Disease and Dangerous Occurrences Regulations
- ROS - Record of session (form)
- SAR – Subject Access Request
- SFE – Statement of Financial Entitlements
- SLA - Service Level Agreement
- SMP – Statutory Maternity Pay
- SNOMED - Systematized Nomenclature of Medicine Clinical Terms
- SOP – Summary of Payments OR Standard Operating Procedure
- SPP – Statutory Paternity Pay
- SSP – Statutory Sick Pay
- VMS – Vaccine Management System
- WPBA - Work placed based assessment (GP Trainees)

*(This list is not exhaustive)*

## Appendix 2: Useful Links

- AMSPAR
- Agenda for Change NI
- Belfast Health & Social Care Trust
- British Medical Association (BMA)
- Business Services Organisation (BSO)
- Business Services Organisation - ITS
- General Medical Council (GMC)
- Department of Health NI
- Eastern Federation Support Unit (EFSU)
- E Learning for Healthcare Portal (e-lfh)
- Equality Commission NI
- Information Commissioner's Office NI
- Labour Relations Agency (LRA)
- NHS Choices
- NI Direct Government Services
- NI General Practitioners Committee (NIGPC)
- NI Local Medical Council
- NIMDTA
- NI Public Services Ombudsman
- Medical Defence Union (MDU)
- Medical Protection Society (MPS)
- Medical & Dental Defence Union of Scotland
- Public Health Authority (PHA)
- Primary Care Improvement & Crisis Team (PICRT)
- Primary Care Intranet
- Prescription Cost Analysis
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- South Eastern Health and Social Care Trust
- Small Business NI
- Strategic Planning & Performance Group (SPPG)
- UNISON
- Northern Ireland General Practitioners Committee

## Appendix 3: Prescription Abbreviations

| | |
|---|---|
| BD | TWICE A DAY |
| QDS | FOUR TIMES A DAY |
| TDS | THREE TIMES A DAY |
| PRN | AS REQUIRED |
| NOCTC | ONE AT NIGHT |
| MANE | ONE IN THE MORNING |
| A | before |
| A.M. | morning |
| alt. | alternate |
| alt. h. | every other hour |
| am, A.M. | in the morning; before noon |
| Ante | before |
| Ap | before dinner |
| ATC | around the clock |
| h, or hr. | Hour |
| hs or HS | at bedtime, hours of sleep |
| n or noct. | in the night |
| noct. maneq. | night and morning |
| o.d. | once per day |
| P | After |
| p.r.n., prn | as needed |
| Q | Every |
| qd, q1d | Daily |
| q2h | every 2 hours |
| q6PM, etc | every evening at 6 PM |
| Qam | every morning |
| qd, QD | every day |
| Qh | every hour |
| Qhs | each night at bedtime |
| Qid | four times a day |
| Qn | Nightly or at bedtime |
| qod, QOD, q.o. d | every other day |
| TID, t.i.d. | three times a day |
| tid ac | three times a day before meals |
| TIN, t.i.n. | three times a night |
| TIW, tiw | 3 times a week |

## Appendix 4: South Eastern Trust Kardex

South Eastern Health and Social Care Trust

**GP PRESCRIBED MEDICATION**

**KNOWN ALLERGIES**

**NAME** _____

**DOB** _____

**H&C NUMBER** _____

**PATIENT IDENTIFICATION LABEL**

| DATE & SIGNATURE | DRUG & DOSE | ROUTE | FREQUENCY | DISCONTINUE DATE & SIGNATURE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Appendix 5: Spirometry

Spirometry is a specific set of lung function tests that measures lung volumes in litres alongside speed or airflow rates in litres per second and is used to help diagnose and/or differentiate between certain respiratory conditions such as: COPD, Asthma and restrictive lung conditions like interstitial lung diseases.

**The main spirometric measurements include:**

1. **Vital capacity (VC)**which is the maximum volume of air exhaled from a position of full inspiration to full expiration in one smooth, slow, steady blow and is measured in litres and expressed in % predicted &/or z-score (normal being 80-120% pred or between +/-1.645 z-score)
1. **Forced vital capacity (FVC)** which is the maximum volume of air that can be expelled from the lungs in one smooth, forced blow from a position of full inspiration to full expiration and is measured in litres and expressed in % predicted &/or z-score (normal being 80-120% pred or between +/-1.645 z-score)
2. **Forced expired volume in one second (FEV1)** which is the maximum volume of air that is expelled from the lungs at the first second of a forced expiration from a position of full inspiration and is measured in litres and expressed in % predicted &/or z-score (normal being 80-120% pred or between +/-1.645 z-score)
3. **Ratio** - which is the formulae that calculates how much air is expelled at the first second of the forced manoeuvre versus the maximal capacity exhaled - the best FEV1 divided be the highest capacity multiplied by 100 to get the % - FEV1/ VC or FVC x 100 - this is expressed as a % or a z-score (normal being >70% or higher that the patient's LLN (lower limit of normal) or between +/-1.645 z-score).

To ensure that adequate time is allocated for the test to be conducted safely and accurately the following principles should be followed:

- A one-hour appointment should be given for a new diagnosis to enable full respiratory assessment and spirometry with reversibility (if baseline demonstrates obstruction).
- A forty five minute appointment should be given for review spirometry

There are a number of spirometers with up-to-date software that is compatible with EMIS Web, iNPS Vision, and System one available across the UK including:

1. Easy on PC NDD
2. VITALOGRAPH ALPHA
3. MIR

**Note:** The Microlab family of spirometers and affiliated software are no longer manufactured and should not be purchased in the future as no support will be available after 2015.

**Spirometry Guidance**

During the COVID-19 Pandemic Spirometry testing was suspended as it was initially considered to be a potential aerosol generating procedure – however this guidance has now been superseded and the updated ARTP recommendations for restarting spirometry can be accessed on the ARTP Website.

Spirometry Training

It is essential that all healthcare professional undertaking spirometry testing is fully trained and has achieved their full spirometry certificate having been deemed competent in the performance and accurate interpretation of spirometry and subsequently have completed their three year revalidation as per Respiratory Service Framework (NI) (RSF) and Association for Respiratory Technology and Physiology (ARTP) standards.

Spirometry Training Updates are readily available enabling Clinicians to fulfil the RSF and ARTP recommendations as well as being competent and confident in restarting Spirometry safely and effectively in Primary Care again. For more information on training see ARTP Spirometry Trainers. In (NI) Barrett McGrath EMS Ltd is on the list of ARTP training providers list.

## Appendix 5: Remittance Example

# Remittance Sheet

**List Size**

| | |
|---|---|
| Weighted List Size | XX |
| Actual List Size | XX |

| **Annual Global Sum** | **Payment Relating to 20/25 Calculations** |
|---|---|
| GMS Global Sum | £ |
| Annual Temporary Patients | £ |
| Annual Practice Nursing | £ |
| Annual EPS (Expanding Practices Supplement) | £ |
| **Total Annual Gobal Sum** | £ |

| | Payment Relating to 24/25 | | Payment Relating Previous Years | | Total Paid for Month |
|---|---|---|---|---|---|
| | Calculations | Amount | Calculations | Amount | Amount Due |
| **Monthly Global Sum** | | £ | | | £ |
| Monthly Global Payment (Annual divided by 12) | | £ | | | £ |
| Global Sum not subject to Opt-Out as at 1 April 2024 | | £ | | | £ |
| Annual Practice Nursing | | £ | | | £ |
| **Total Annual Gobal Sum** | | | | | £ |

| | Payment Relating to 24/25 | | | | Payment Relating Previous Years | | | | Total Paid for Month |
|---|---|---|---|---|---|---|---|---|---|
| | % | Y/N | Calculations | Amount Due | % | Y/N | Calculations | Amount Due | Amount Due |
| **Opt-Outs** | | | | | | | | | £ |
| Cervical Screening Services | | | | | | | | | £ |
| Child Health Surveillance | | | | | | | | | £ |
| Minor Surgery | | | | | | | | | £ |
| Maternity Medical Services | | | | | | | | | £ |
| Contraceptive Services | | | | | | | | | £ |

| | Payment Relating to 24/25 | Payment Relating to 24/25 | Total Paid for Month |
|---|---|---|---|
| **Direct Enhanced Services (DES)** | Amount due | Amount due | Amount Due |
| Pneumococcal Vaccinations | £ | £ | £ |
| Minor Surgery | £ | £ | £ |
| **Total DES Payment** | | | £ |

| | Payment Relating to 24/25 | Payment Relating to 24/25 | Total Paid for Month |
|---|---|---|---|
| **NI Local Enhanced Services (LES)** | Amount due | Amount due | Amount Due |
| Pertussis Immunisation for Pregnant Women – New 2016/2017 | £ | £ | £ |
| Mild to Moderate Depression | £ | £ | £ |
| **Total NILES Payment** | | | £ |

| | Payment Relating to 24/25 | Payment Relating to 24/25 | Total Paid for Month |
|---|---|---|---|
| **Other Payments Relating to 2024/25** | Amount due | Amount due | Amount Due |
| | £ | £ | £ |
| Additional Employers Superannuation 2024-25 | £ | £ | £ |
| OOH - Additional Deductions (Opt-Outs) 2024-25 | £ | £ | £ |
| Provision of GMS Services July Holiday 2024-25 | £ | £ | £ |
| Other Payment - PBL Training | £ | £ | £ |
| Other Payment - ANP (C&S) | £ | £ | £ |
| Other Payment - NILES Quality Improvement (QI Project) | £ | £ | £ |
| Other Payment - NICAF Contract Support | £ | £ | £ |
| Other Payment - PBP - Federation Payment | £ | £ | £ |
| Other Payment - GP Feds Core Funding | £ | £ | £ |
| Other Payment - Crisis Response | £ | £ | £ |
| Total Other Payments | £ | £ | £ |
| **Gross Payment Before Deductions** | | | £ |

| | Deductions Relating to 24/25 | Deductions Relating to 24/25 | Total Deductions for Month |
|---|---|---|---|
| **Deductions Relating to 2024/25** | Deduction Amount | Deduction Amount | Deduction Amount |
| NIGPC / NI LMCs levy | £ | £ | £ |
| Superannuation on Account 2024-25 | £ | £ | £ |

| | % | Y/N | Calculations | Amount Due | % | Y/N | Calculations | Amount Due | Amount Due |
|---|---|---|---|---|---|---|---|---|---|
| Childhood Imms and Pre-School Boosters | | | | £ | | | | £ | £ |
| Vaccinations and Immunisations | | | | £ | | | | £ | £ |
| Out of Hours Service | | | | £ | | | | £ | £ |
| **Total Opt Out Deduction** | | | | | | | | | £ |

| | Payment Relating to 24/25 | Payment Relating to 24/25 | Total Paid for Month |
|---|---|---|---|
| **Correction Factor** | Amount due | Amount due | Amount Due |
| New Correction Factor Yearly Amount | £ | £ | £ |
| Correction Factor Monthly Payment | £ | £ | £ |

| | Payment Relating to 24/25 | Payment Relating to 24/25 | Total Paid for Month |
|---|---|---|---|
| **Board Administered Funds** | Amount due | Amount due | Amount Due |
| Treatment Room Staff | £ | £ | £ |
| Seniority Adjustment | £ | £ | £ |
| **Total Board Administered Payment** | £ | £ | £ |

| | % | Y/N | Calculations | Amount Due | % | Y/N | Calculations | Amount Due | Amount Due |
|---|---|---|---|---|---|---|---|---|---|
| Other Deduction - PBP - Federation Payment | | | | £ | | | | £ | £ |
| Other Deduction - NILES Quality Improvement (QI Project) | | | | £ | | | | £ | £ |
| Other Deduction - PBL Training | | | | £ | | | | £ | £ |
| Other Deduction - GP Feds Core Funding | | | | £ | | | | £ | £ |
| Other Deduction - Crisis Response | | | | £ | | | | £ | £ |
| Other Deduction - ANP (C&S) | | | | £ | | | | £ | £ |
| **Total Deductions** | | | | | | | | | £ |
| **Net Payment after Deduction** | | | | | | | | | £ |

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