

GP Bulletin

20 October 2017 / Issue 234

About this bulletin

To minimise the number of emails sent to practices, the Local Regional Team is using this weekly bulletin as its main method of communicating with practice managers covering the 360 practices in Bristol, Somerset, North Somerset, South Gloucestershire, Devon, Cornwall and the Isles of Scilly. The bulletins contain important information for practice managers, which might include requests for information and deadlines, as well as updates on issues relating to GP contracts.

Copies of the bulletins and attachments are available on our website:

<https://www.england.nhs.uk/south/info-professional/medical/dcis/gp-bulletin/>

If you have any questions or wish to provide feedback, please contact the Primary Care Team:

england.primarycaremedical@nhs.net

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Key Deadlines

CQRS declarations for payment in the same month	9 th of each month	Via CQRS
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2017/18 eDEC	Over a six week period: from 16 October to 29 November 2017	primary care website: www.primarycare.nhs.uk
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- **Items for all Practices**

CQRS – Service Offer – Action Required

The following mandatory service has been offered on CQRS:

- [National Diabetes Audit](#)

This service offer has been made centrally by the CQRS Service Desk. If the service offer has been rejected by mistake, please contact the CQRS Helpdesk and request that the service is re-offered to the Practice.

Practices must accept this mandatory service to record their agreement for data extracts to take place. Information about the service can be found by following the link above. Please note that no data from this service will be recorded in CQRS, and no manual entry will be required other than to accept the service.

Please log in to CQRS and accept this service as soon as possible, under the Participation Management tab, to ensure that you are included in the automated extractions.

Guidance around practices sharing vaccines

We have become aware that there is some confusion on whether practices are allowed to share vaccines between each other when a surgery has run out. We believe this has come to light with some vaccines being either unavailable to order or having ordering restrictions. Whilst we do not wish to discourage Practices supporting each other, unfortunately unless the Practice is part of the same Group (legal entity) or holds a Wholesale Dealer’s Licence it is not permissible for this sort of vaccine sharing to happen.

There had previously been considerable debate as to whether vaccine sharing can happen on a named patient basis. With this in mind the screening and immunisations team last year consulted with the MHRA, who have confirmed that ONLY Practices who are part of the same legal entity can share stocks of vaccines unless they hold a Wholesale Dealer’s Licence.

What happens when you are referred by your GP to see a specialist? – patient leaflet published

The [General Practice Forward View](#) made a commitment to improving the current interface between hospitals and general practice to provide more seamless care for patients and to reduce the number of occasions where patients are sent back to their GP unnecessarily following a hospital appointment. The aim is to improve patients’ experience of care, whilst also freeing up GP time. In order to achieve this, new measures have been introduced into the NHS Standard

Contract and a system-wide national working group has been established to drive action for improvement.

Members of the working group and, specifically, NHS England, British Medical Association (BMA) and the National Association for Patient Participation (NAPP), have come together again to produce a patient facing leaflet which describes what a patient can expect to happen if they are referred by their GP to see a specialist or consultant at a hospital or a community health centre.

A copy of this leaflet is attached and an electronic copy is available at:

www.england.nhs.uk/patientinterface/. I would be grateful if you could share details of this publication through the practice and with patients as necessary.

Changes to GP practice contract

If you wish to make any changes to the Practice contract, such as boundary changes, list closures, merger, changes branch opening times, and any minor variations please email -

england.primarycaremedical@nhs.net. We can then discuss your request and ensure that you have the appropriate paper work for your application.

New versions of the enhanced service manual claim form

Version 1.1 of the enhanced service manual claim form is attached to this edition of the bulletin. As previously there is a version for Somerset practices and a separate form for practices across BNSSG and DCIOS. These forms should be used from this point onwards and should be submitted for the November monthly claim and the January quarterly claim deadlines. The amendments to the form are to allow all practices to claim for administering the dried bloodspot test as part of the neonatal hepatitis B immunisation programme. It also makes provision for practices in DCIOS to claim for vaccinations given to housebound patients by the community nursing team. Please note that the latter scheme is currently operational in DCIOS only and further details of both programmes are provided in this edition of the bulletin.

School Flu dates

Please find attached current clinic dates in schools for delivery of the childhood flu programme. There is no requirement for schools to accommodate these clinics and where schools do not wish to take part alternative venues are being sought by each provider to ensure every family is able to access the vaccination. These clinics are also available for those children who have consented for the vaccine although miss the clinic due on the day their school is visited. It is possible these dates may change as the season progresses although they should provide practice with some indication as to when clinic are being held in their local area.

We would like to remind practices that all children under 18 should be given a nasal spray, unless it is contraindicated. This covers children 'in' and 'not in' a clinical risk group and is highlighted in both the green book and PGD. The table below is copied the green book and makes this clear. The only children being offered an inactivated vaccine should be those aged 2 to less than 18 for whom fluenz is contraindicated. There should not be a choice of which vaccine to give.

Table 19.5 Influenza vaccination for children under 18 years old

Eligible cohort	Vaccine available: Children in clinical risk groups*	Vaccine available: Children not in clinical risk groups ¹
Six months to less than two years old	Offer suitable inactivated flu vaccine.	Not applicable.
Children aged two years to less than 18 years old ¹	Offer LAIV (Fluenz Tetra®) (unless medically contraindicated ²)	Offer LAIV (Fluenz Tetra®)

* Children in clinical risk groups aged two to less than nine years who have not received flu vaccine before should be offered two doses of Fluenz Tetra® or inactivated vaccine (given at least four weeks apart).

¹ Please see the respective annual flu letters for England and the Devolved Administrations for the cohorts of children not in clinical risk groups that are eligible for influenza vaccination for the coming/current season.

² If Fluenz Tetra® is medically contraindicated or otherwise unsuitable, then offer suitable inactivated flu vaccine. If quadrivalent inactivated vaccine available, consider for children age 3 years and older only. Children aged two to less than 9 years who have not received flu vaccine before require two doses of inactivated vaccine (given at least four weeks apart).

This is further highlighted in the PGD which states eligibility for LAIV as being

- children and adolescents from 2 years to under 18 years of age who are in a clinical risk group category listed in Chapter 19 of “The Green Book” (see Appendix A) - LAIV is the influenza vaccine of choice, unless it is clinically contraindicated, because LAIV provides greater protection for children than inactivated influenza vaccine.
- children aged two and three years on 31 August 2017 (ie date of birth between 1 September 2013 and 31 August 2015 inclusive)
- children of appropriate age for reception class and school years 1, 2, 3 and 4 (i.e. four to nine year olds, with a date of birth between 1 September 2008 and 31 August 2013 inclusive) regardless of whether they attend school
- some children in reception class and school years 1, 2, 3 and 4 might have a date of birth outside of these date ranges (eg if a child has been accelerated or held back a year). It is acceptable to offer and deliver immunisations to these children with their class peers under this PGD
- children of primary school years 1 to 6 in pilot areas
- children and adolescents from 2 years to under 18 years of age who are household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable (Note: contacts of very severely immunocompromised individuals should receive inactivated influenza vaccine and not LAIV, see exclusion criteria).

Dried Blood Spot Test for Neonatal Hepatitis B Immunisation Programme

Dried blood spot (DBS) test kits for babies who are born to a hepatitis B positive mother were made available in January 2017. The test detects the presence of Hepatitis B surface antigen

(HBsAg) and hence identifies whether or not the child has the infection. CHIS will automatically send a DBS kit to practices to be administered at the same time as the baby receives their hepatitis B vaccination at one year. Practices who do not wish to administer this test kit can refer babies for serology for HBsAg via their local pathway. The DBS kit can be used with infants up to the age of 2 years (older infants will need to be referred for serology for HBsAg). Further information regarding the administration of the DBS test can be found in the local specification which is embedded in the new version of the enhanced service claim form and must be adhered to. This local specification should also be read in conjunction with the national service specification for the neonatal hepatitis B immunisation programme <https://www.england.nhs.uk/publication/public-health-national-service-specifications/>. The enhanced service manual claim form has been updated and version 1.1 is attached. This makes provision for practices to claim £5 for every DBS test administered on a quarterly basis. In the submission for Q3 practices can claim for tests administered since January 2017.

- **Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices only**

Sensory Impairment Team within Bristol Council

My name is Trish Vallance from the sensory impairment team within Bristol council. I am contacting GP Practices to ask if you have any space available within your practice for our drop in sessions. We are seeking a private room for one morning or afternoon a week (a maximum of 3 hours for a session).

Some background information about our service – we hold regular drop in sessions for deaf, deaf-blind and hard-of-hearing people in various venues across Bristol. We assist our clients in accessing services – within the council or externally – plus understanding their personal affairs. We are seeking to extend our reach to those who would benefit from our service, and therefore we are exploring accessible venues across Bristol.

Please get in contact if you are able to provide such a resource for us or would like further clarification. I look forward to hearing from you.

Trish Vallance, Customer Service Officer, Bristol City Council, Sensory Impairment Team (B Bond)

Email: trish.vallance@bristol.gov.uk

Tel: 0117 9036648 Direct Tel: 0117 9224286 SMS: 0777 5646671

- **Items for Devon, Cornwall and Isles of Scilly Practices only**
Claiming for vaccinations given to housebound patients by the community nursing team

Practices in Devon and Cornwall will all have received a letter advising them on the offer for the community nursing team to vaccinate housebound patients in their locality. As set out in these letters practices choosing to participate in the scheme should enter vaccination details for each patient onto the practice system as normal, coded as administered by another healthcare provider.

Vaccination	Read v2	Read CTV3
Pneumococcal vaccination given by other healthcare provider	657P.	XaPyX
Seasonal influenza vaccine given by other healthcare provider	65E20	XaZ0e

The letter also mentioned that fields for practices to claim for this service will be made available on the Enhanced Service Claim Form/Monitoring Return form in October 2017. An updated version of the form is included with this edition of the GP Bulletin and this makes provision for practices to claim for vaccinations administered to housebound patients by the community nursing team. Practices should include any activity during September in the Q3 return. Please don't hesitate to contact phcontractssouthwest@nhs.net if you have any queries about the claiming process.