

GP Bulletin

17 February 2017 / Issue 199

About this bulletin

To minimise the number of emails sent to practices, the Area Team is using this weekly bulletin as its main method of communicating with practice managers covering the 375 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.

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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CRUK Talking about cancer online course	Monday 27 th February	Sign up before
Accept Indicators no longer in QOF - INLIQ (1st April 2016 – 31st March 2017 annual data collection) service	by the end of February 2017	Via CQRS to participate
Directed Enhanced Services Claims	08/03/2017	Submission of DES Claim Forms should be sent to – england.pcfincasesw@nhs.net

- **Items for all Practices**

Reminder to ensure GPs have a system to track Histology results when sending off specimens

GP practices are reminded to ensure they have a system to track Histology results when sending off specimens. There has been a recent incident where a lesion was removed in primary care and no histology report was received. Sadly the following year the patient developed a secondary in the brain which was found to be due to a malignant melanoma.

The lesion removed had been misinterpreted as a Seborrheic Keratosis and the histology identified a Malignant Melanoma. Unfortunately the pathology department failed to send this to the MDT and the result was filed without being sent to the GP practice.

There has been a full investigation into this matter across both primary and secondary care but it serves as a reminder of the need for GPs to ensure that suspicious pigmented lesions should be referred to Dermatology 2WW and histology reports should be tracked

Warning – Interaction between Warfarin and Miconazole Gel/Cream

Please see the case summary below, please be aware that the Gel, and to a lesser degree, the cream, are absorbed. Patients may not tell the pharmacist they are on warfarin when they buy OTC miconazole.

"A home visit was made for a man with complex co-morbidities (including AF-on warfarin) who had recently had 2 nasty chest infections treated with antibiotics and now had a sore mouth. He had oral thrush and was prescribed miconazole oral gel. A week or so later he developed Haemoptysis and attended ED. INR =10. He was given IM vitamin K and sent home. In ED It was not recognised he was using the gel, or if it was, the potential interaction was not spotted, so continued to do so. He attended our surgery the following day for INR=2.4. Warfarin resumed. 3-4 days after this he was admitted with what turned out to be an 'acute on chronic' subdural haematoma. During his admission the surgery were telephoned by the medical team who had looked back at his ED notes etc. They were concerned that the surgery INR machine was inaccurate. We immediately made sure the machine was re-calibrated-and indeed all was ok. At

that point his notes were reviewed again and finally the interaction between Miconazole ORAL GEL and Warfarin was spotted. The medical team were contacted to let them know - A member of the team was sceptical that this could have been the cause and interestingly the discharge summary makes no mention of this interaction."

Provider selected for new occupational health service for GPs and NHS Dentists

Attached is an update on the progress made to establish a new occupational health service, for GPs and NHS dentists on the National Performers List.

CRUK Talking about cancer online course

The CRUK Talk Cancer free online cancer awareness course is back for its third run on Monday 27 February. Please share and promote this course with your contacts as appropriate (flyer attached).

Sign up here: cruk.org/talkingaboutcancer

Feedback from previous runs has shown that it's been a huge success in building learners' confidence and "know-how", helping them to separate cancer myths from facts and encourage healthy lifestyle changes.

The course takes approx. 3 hours and can be done at your own pace

Disulfiram shortage

There's a national disulfiram (Antabuse®) shortage due to a manufacturing problem. We have asked but the manufacturers have not disclosed the nature of the problem, though the issue is currently thought to continue until at least July 2017. We're advising prescribers not to initiate new scripts and to review those currently prescribed this intervention until the problem has resolved as we've already had people struggling to source supplies. Please can you help to raise awareness of this particularly amongst GP colleagues as we're aware that this is where the majority of the prescribing occurs.

Indicators no longer in QOF (INLIQ) 2016/17 participation

This is a reminder that Indicators no longer in QOF - INLIQ (1st April 2016 – 31st March 2017 annual data collection) has been offered to Practices on CQRS, GP practices will need to accept this service on CQRS **by the end of February 2017** to participate.

NHS England and General Practitioners Committee (GPC) can confirm that practices will continue to undertake work and code activity as clinically appropriate in relation to those indicators no longer in QOF. Practices are encouraged to facilitate data collection on these indicators.

Periodically, NHS England will collect data from practices' clinical systems which will provide statistical information, be processed for audit and publication and will help inform commissioners and practices. It is not intended for performance management purposes. The continuation of the reporting is essential as DH, PHE and other healthcare groups have indicated that the information

linked to these indicators are essential for their work and wider healthcare programmes. Not all the indicators that are no longer in QOF will continue to be extracted, only those where it is felt that continued data would be useful. For future years, further retirements would be considered for ongoing collections and the indicators in this collection would also be reviewed to check the appropriateness of continuing to collect the data.

Interim provider re-appointed to run surgeries in Plymouth

NHS England has extended its contract with Access Health Care to run the GP surgeries at Ernesettle, Mount Gould and Trelawny in Plymouth.

A one-year deal has been agreed, which will mean continuity for patients until 31 March 2018 while options for the longer term are considered.

The new contract was put in place after the preferred bidder for taking over the surgeries from April this year, Pathfields Medical Group, decided to withdraw.

This does not directly affect patients, who should continue to book appointments as now.

Access is also planning a series of improvements at the surgeries to build on initiatives this year, which have included:

- Increased clinical staffing
- More appointments
- A dedicated cancellation phonenumber, so appointments can be reallocated efficiently
- Quarterly practice newsletters
- A patient satisfaction questionnaire, incorporating the 'friends and family test'

Letters confirming the latest position will be sent out to patients during February.

Julia Cory, Head of Primary Care with NHS England in the South West, said: "It's a shame that we couldn't finalise the contract with Pathfields, but I'd like to reassure patients that they'll continue to get a good service. In fact, with Access going into a second year, this is an opportunity for them to build on the improvements that patients have already seen.

"We'll be working with patient groups at the three surgeries, so they're fully involved as we look at the options for the longer term."

Dr James Boorer, partner at Pathfields Medical Group, said: "We are firmly committed to providing excellent healthcare to patients in Plymouth and will continue to do so through our existing Pathfields surgeries.

"We were named as the preferred bidder in January and since then have conducted an intensive period of analysis. We came to the conclusion that the impact on the Pathfields group as a whole would be too much and would risk the care that we are currently able to offer. It is with deep sadness that we have had to withdraw our bid."

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

None

- **Items for Devon, Cornwall and Isles of Scilly Practices only**
Funded training for GP admin staff (This item is for Devon Practices Only).

Please see attachment: 'Funded Training for Admin Staff'