

# GP Bulletin

24 February 2017 / Issue 200

## 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](mailto:england.primarycaremedical@nhs.net)

## Contents

- Key Deadlines
- Items for all Practices
  - Provision of Information on General Practice Access Data – Bi-annual Survey Collection
  - Support to GP Practices for medical records movements
  - MenACWY Responding to Adverse Events – statement from PHE
  - New Child Health New born Blood Spot result letters to parents
  - Appraisal Preparation
  - PCSE GP February Newsletter & Payments - Pensions
- Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices only
  - None
- Items for Devon, Cornwall and Isles of Scilly Practices only
  - For Cornwall Practices Only - Infant Hepatitis B vaccination scheduling – clarification of eligibility
  - Cornwall RCGP CPD Meetings

## Key Deadlines

CQRS declarations for payment in the same month	9 <sup>th</sup> of each month	Via CQRS
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- **Items for all Practices**

## **Provision of Information on General Practice Access Data – Bi-annual Survey Collection**

The next bi-annual extended access collection will be open for submission from 1 March 2017 to 31 March 2017 inclusive. As set out in the 2016 regulations, every GP practice in England will be required to submit an online return twice a year through the Primary Care Web Tool. You can access the module through the [Primary Care Web Tool](#). This will set out what access to appointments the practice offers to patients either itself or through other arrangements, over evenings and weekends.

**Contact for further information:** [england.biannual@nhs.net](mailto:england.biannual@nhs.net)

## **Support to GP Practices for medical records movements**

As you will be aware the recent GP contract negotiations for 17/18 included an additional £2M of recurrent funding to account for additional workload, that practices may incur, as a result of the changes to the movement of medical records. In addition to this, we are providing a one-off, payment of £250 to each GP practice as we are conscious that the changes were first partly introduced in April 2016 and, therefore, there may have been a workload impact over the course of the last year. This is being funded and paid centrally by NHS England.

To ensure all GP practices are aware of this additional payment, a gateway approved letter to all GP practices is attached.

## **MenACWY Responding to Adverse Events – statement from PHE**

There have a number of enquiries to the national team about adverse events following immunisation with MenACWY vaccine. The MenACWY vaccine was introduced in response to a rapid increase in cases of a highly aggressive strain of group W meningococcal disease that can cause meningitis (inflammation of the brain) and septicaemia (blood poisoning). Meningitis can be deadly and survivors are often left with severe disabilities as a result of this terrible disease. Cases of MenW have been increasing year-on-year, from 22 cases in the 2009 to 2010 season to 210 cases confirmed in the 2015 to 2016 season.

Teenagers have a higher risk of developing meningococcal disease, especially when starting university because of increased social mixing such as in shared accommodation. They are also most likely to carry and spread the meningococcal bacteria amongst themselves and to others. Therefore, immunisation will protect them directly and also indirectly protect other age groups in the population, including young children and adults.

The MenACWY vaccine has been used for many years across the world and has an excellent safety record. It has been used in the USA since 2005 and is also used in Canada and some European countries. Serious side effects from both vaccines used for the programme (Menveo and

Nimenrix (▼) are extremely rare. Vaccine recipients may get the following transient side effects, which most types of vaccine may cause:

- soreness and some redness and swelling in their arm at the site of the injection
- fever
- fatigue, malaise and drowsiness
- headache
- some loss of appetite
- nausea

Vaccine recipients, their parents and schools should be reassured that such side effects may be expected following immunisation with MenACWY vaccine; there is no evidence of any difference between the two MenACWY vaccines being distributed. The nature and severity of symptoms appear to be very similar to those seen after both MenC and Td-IPV given in teenagers. Symptoms such as syncope (fainting) can occur after any injection in this age group. Although the overall frequency of symptoms is probably slightly higher when the vaccines are given together, some reports this winter are more consistent with the coincidental circulation of respiratory viruses in the school. Symptoms should be managed with additional fluids and analgesics such as paracetamol or ibuprofen. Advice on the use and dosage of paracetamol and ibuprofen can be found on the NHS Choices website.

Paracetamol: <http://www.nhs.uk/conditions/Painkillers-paracetamol/Pages/Introduction.aspx>

Ibuprofen: <http://www.nhs.uk/conditions/Painkillers-ibuprofen/Pages/Introduction.aspx>

Any decision to keep a vaccine recipient off school should be based on an individual assessment of their symptoms and their response to the measures outlined above. If there is concern about the health of a vaccine recipient following immunisation, they or their parents should be advised to contact their GP or NHS111.

Suspected adverse reactions to medicines including vaccines should be reported to the MHRA using the Yellow Card scheme: <https://yellowcard.mhra.gov.uk/>

The MHRA continue to monitor intensively all products with a Black Triangle symbol (▼). Healthcare professionals are asked to report all suspected adverse drug reactions to these products through the Yellow Card Scheme.

Information about what to include in a Yellow Card report can be found here:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/404416/What\\_to\\_include\\_in\\_your\\_Yellow\\_Card\\_of\\_an\\_adverse\\_drug\\_reaction.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/404416/What_to_include_in_your_Yellow_Card_of_an_adverse_drug_reaction.pdf)

Vaccine recipients and parents can be directed to the NHS Choices website for more information about vaccine side effects: <http://www.nhs.uk/conditions/vaccinations/pages/reporting-side-effects.aspx>

## **New Child Health New born Blood Spot result letters to parents**

We are pleased to confirm that as from 1<sup>st</sup> February 2017 all Child Health Records Departments across the South (South West) area are able to send newborn blood spot result letters to parents for all outcomes. Previously, letters were only sent where all nine conditions tested for were not suspected. Where there are results other than not suspected (positive/carrier) - parents will now also receive these in writing with the results of all conditions tested for. These letters will be sent out with a 21 day delay to ensure that, where there is a positive or carrier result, the relevant health professional has had time to make contact with the family prior to them receiving the letter.

## **Appraisal Preparation**

An 'Appraisal Preparation' document is attached to help you prepare for your appraisal

## **PCSE GP February Newsletter & Payments – Pensions**

Please find attached the PCSE February newsletters.

Please note that the section titled "Removal of violent or aggressive patients from practice lists" is not relevant to the NHSE South (South West) area. If you have an incident of violence or aggression involving a patient please submit a Violent Patient application form or contact us at [england.primarycaremedical@nhs.net](mailto:england.primarycaremedical@nhs.net)

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

None

- **Items for Devon, Cornwall and Isles of Scilly Practices only**  
**For Cornwall Practices: Infant Hepatitis B vaccination scheduling – clarification of eligibility**

Please see Hepatitis B eligibility letter (attached) which Cornwall Child Health are sending out to all practices with registered infants who have any record of Hep B vaccination. Child Health are due to start Hepatitis B vaccination scheduling for any **eligible** infants who are due vaccination. They have significant numbers of infants who have record of Hep B vaccination but **it is likely that many are not eligible** as they will have started the programme abroad in a country where it is given routinely.

Infants in this country are only eligible if they are

- Born to Hepatitis B positive mothers – needing post exposure vaccination
- Living in an 'at risk' lifestyle environment – needing pre exposure vaccination

Please could all practices respond to this letter when they receive it as a matter of urgency confirming records of infants vaccination/Hep B serology testing and clarifying eligibility (or not) so that child health can start scheduling as soon as possible.

## **Cornwall RCGP CPD Meetings**

Dr Kathy Woolson has sent some information for GP's regarding screening and engaging with patients with Bowel cancer. A further document is attached

Next meeting next month is –

**1 Mar Wed 2017:** Pelvic Pain & Endometriosis: Mr Tom Smith Walker, Consultant Gynecologist, RCHT

**Time:** 7 pm for 7:30 start. Hot Buffet and drinks are available from 6:30 pm.

**Venue:** Duchy Hospital, Truro, TR1 3UP.

**Parking:** Staff car park behind the Duchy Hospital.

Conference room: opposite the Staff car park, please press the PUSH PAD to enter

There is some info below about GP's helping patients engage with both bowel cancer screening programmes.

### **Blog - PHE screening**

#### **PHE and NHS England join forces to help cervical screening laboratories clear backlogs**

*16-01-2017 10:04 AM GMT*

Cervical screening prevents cancer by detecting abnormalities of the cervix and referring women for potential treatment. We rely on 59 laboratories across England to report on cervical cytology (sometimes called smear test) samples. Many laboratories are having trouble meeting demand ...

### **Blog - PHE screening**

#### **GPs can help patients engage with bowel cancer screening**

*18-01-2017 09:09 AM GMT*

Bowel cancer is the third most common cancer in the UK and the second leading cause of cancer deaths. Screening reduces the chance of dying from bowel cancer by detecting the disease earlier when treatment is more likely to be ...

### **Blog - PHE screening**

#### **Could you chair one of our screening programme advisory groups?**

*19-01-2017 12:31 PM GMT*

Some of us in Public Health England (PHE), myself included, have worked in screening a long time. That's because it's such a varied and rewarding area. But I'm keen that this familiarity doesn't lead to complacency. This is one of ...

### **Blog - PHE screening**

#### **Abdominal aortic aneurysm screening across the UK**

*20-01-2017 09:12 AM GMT*

There has always been a great deal of collaboration between the 4 UK countries when it comes to learning how best to implement population screening programmes. Abdominal aortic aneurysm (AAA) screening is no exception. A 4 nations committee meets regularly to ...