Updates for primary care in the South West:

GP Bulletin

NHS England

22 December 2017 / Issue 243

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	9th of each month	Via CQRS

- **Items for all Practices**

Collaboration across primary and secondary care: Lessons from acute kidney injury

Please see the attached invitation to GPs and primary care members to attend a **FREE** full day workshop supported by Think Kidneys, NIHR CLAHRC Greater Manchester, KSS AHSN, AHSN NENC and RCGP on **27 February 2018** at The Studio, Birmingham.

Deadline for latest round of applications to the Clinical Pharmacist in General Practice programme

Don't forget there is still opportunity for providers of general practice services to apply to NHS England for funding to support the recruitment, training and development of clinical pharmacists in local GP practices.

Provider organisations (or CCGs on their behalf) are able to submit applications on an ongoing basis through the clinical pharmacist application portal on the NHS England website, but anyone wanting their application to be considered as part of the fourth wave roll out of the scheme will need to submit their application by 19 January 2018. We would be grateful if you could highlight this to your member practices and local GP federations.

NHS England is currently in the process of informing those local applicants whose applications have been successful as part of the third wave roll out of the scheme.

Clinical pharmacists can use their expertise to advise and consult with patients about their medication. This includes providing help to patients about the effective management of any long-term conditions and making sure they get the most benefit from their medication, as well as offering access to health checks. This can help deliver quicker access to expert clinical advice for patients and allows GPs to focus their skills where they are needed, for example on diagnosing and treating patients with more complex conditions.

One GP practice in the South which has been working with a clinical pharmacist for a number of years, has found that her work has reduced the need for GP appointments by 30 per cent, making a significant impact on GP workloads and patient outcomes.

Further information and guidance about applying to take part in the Clinical Pharmacist in General Practice Programme is available on the NHS England website here.

You can also contact your local primary care team at NHS England for guidance on making an application.

Gabapentin and pregabalin may become controlled drugs and this is why

You will have heard that the Home Office is consulting on proposals to schedule gabapentin and pregabalin as Controlled Drugs under the Misuse of Drugs Regulations 2001. We know that some

clinicians may not have been aware of the harms that these medicines can cause and so the NHS England Controlled Drugs team have prepared a concise newsletter to summarise the key points that make this such an important issue. This has links to a range of articles, videos and other media that describe the problems that misuse of these drugs has caused and we hope it's an interesting read – please see attached. The consultation is open until 22 January 2018 and so there is still time to respond.

HealthWatch Report

The attached Healthwatch Report contains useful information about research HealthWatch Plymouth have conducted into services for people with Sarcoidosis.

PCSE cervical screening bulletin

Please see attached PCSE cervical screening bulletin

Use of antiviral medicines for the prevention and treatment of influenza

The Chief Medical Officer and Chief Pharmaceutical Officer have issued advice on the prescribing and supply of antiviral medicines for the prevention and treatment of influenza. Data indicates that the amount of increased influenza circulating in the community, now warrants the use of antiviral medicines. The advice recommends that it is appropriate for antiviral medicines to be prescribed for people presenting with flu-like illness in line with regulations that govern the prescribing and supply of antiviral medicines in the community and current NICE guidance.

Action required: Please ensure this information is shared with all prescribers.

It's beginning to look a lot like flu season…

Flu is now starting to circulate across the South West and you may start to see an increase in consultations for Influenza-Like-Illness (ILI).

In preparedness we'd like to remind you about the importance of vaccination for your staff and your most at-risk patients with their increased vulnerability to the complications of flu. The table below (from the Green Book, Chapter 19, page 4) indicates the relative risk of death from flu for those aged 6 months to under 65 years in clinical at risk groups.

For example, in comparison to the 6 months to under 65 years population who are not in any at-risk group, **those with chronic liver disease are 48.2 times more likely than to die** if they contract flu. For those with **immunosuppression**, these individuals are **47.3 times more likely to die from flu** than those of the same age who aren't in an at-risk group.

Table 19.1 Influenza-related population mortality rates and relative risk of death among those aged six months to under 65 years by clinical risk group in England, September 2010 – May 2011.

	Number of fatal flu cases (%)	Mortality rate per 100,000 population	Age-adjusted relative risk*
In a risk group	213 (59.8)	4.0	11.3 (9.1-14.0)
Not in any risk group	143 (40.2)	0.4	Baseline
Chronic renal disease	19 (5.3)	4.8	18.5
Chronic heart disease	32 (9.0)	3.7	10.7 (7.3-15.7)
Chronic respiratory disease	59 (16.6)	2.4	7.4 (5.5-10.0)
Chronic liver disease	32 (9.0)	15.8	48.2 (32.8-70.6)
Diabetes	26 (7.3)	2.2	5.8 (3.8-8.9)
Immunosuppression	71 (19.9)	20.0	47.3 (35.5-63.1)
Chronic neurological disease (excluding stroke/transient ischaemic attack)	42 (11.8)	14.7	40.4 (28.7-56.8)
Total (including 22 cases with no information on clinical risk factors)	378	0.8	

* Mantel-Haenszel age-adjusted rate ratio (RR), with corresponding exact 95% CI were calculated for each risk group using the two available age groups (from six months up to 15 years and from 16 to 64 years).

Modelling of flu data from the Southern hemisphere suggests that the UK will experience a particularly heavy flu season this year, so any opportunity to increase vaccine uptake amongst our most vulnerable patients is likely to have a positive impact on our population's health. It's not too late to vaccinate and there is still time for these most at risk patients to build protection against flu.

All eligible patients should receive a personal invitation for immunisations (e.g. by phone, letter or other means) as well as recall.

Protecting healthcare workers and your staff not only helps to protect the very vulnerable patients they support, but also reduces the transmission of flu overall and protects staff and their families during flu season.

Thank you for your continued support with the seasonal flu programme.

PHE South West Screening & Immunisation Team
England.southwestscrimms@nhs.net

Patient registration

We have recently received many queries relating to patient registration; therefore please find the following advice below:

Under the terms of the primary medical services contracts, GP practices cannot refuse to register a patient at the practice on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

An application from a patient to join a practice list can only be turned down if:

- The practices list is closed to new patients or capped
- The patient lives outside of the practice boundary
- The practice has other reasonable grounds

Please remember that when a patient applies to become a patient at a practice, the patient has no regulatory requirement to prove identity, address, immigration status or an NHS number. Inability to provide this information would **not** be considered reasonable grounds to refuse to register a patient.

If any practice does request documentation regarding a patient's identity or immigration status must apply the same process for all patients registering at the practice.

If a practice refuses any patient registration, the name of the patient, date and the reason for the refusal must be recorded and the patient must be written to within a period of 14 days explaining the reasons for refusal.

Temporary Residents

Patients should be offered the option of registering as a temporary resident if they live within the practice boundary for more than 24 hours but less than 3 months.

GP Practices can register patients who live outside of the practice boundary without any obligation to provide home visits when the patient is unable to attend their registered practice.

For more information on patient registration, please find attached the Patient Registration Policy.

• Items for Bristol, North Somerset, Somerset and South Gloucestershire Practices only

None

• Items for Devon, Cornwall and Isles of Scilly Practices only

None